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SERVICE SPECIFICATION

**Somerset Specialist All Age
Drug and Alcohol Treatment Service**

FINAL VERSION 16th FEBRUARY 2018

Amended 01.03.18

Contents

1. The Somerset Vision.....	5
2. Key Principles of Service Delivery.....	6
3. Overarching Aspirations for Somerset	7
4. Key Relationships - working in partnership	9
5. Pathways and Protocols.....	11
6. Recovery Principles of the Somerset Drug and Alcohol Treatment Service.....	12
7. Overview of the Service Specification	14
8. General Service Specification (all ages)	16
8.1 Population covered	
8.2 Priority Client Groups.....	16
8.3 Out of area service users.....	17
8.4 In scope	18
8.5 Out of Scope.....	19
8.6 Promoting and protecting the health of children in families where there is drug/alcohol misuse.....	19
8.7 Safeguarding Children	20
8.8 Safeguarding Vulnerable Adults	22
8.9 Clinical Governance.....	22
8.10 The Workforce	25
8.11 Information / Case Management System.....	28
8.12 Performance Framework	29
8.13 Service User and Carer Involvement.....	29
8.14 Intuitive Thinking Skills (ITS).....	30
8.15 Branding	30
8.16 Single Point of Contact (SPoC).....	31
8.17 Providing information, expertise and support for the wider workforce.....	31
8.18 Promotion and Prevention Services.....	32
8.18.1 Objectives	32
8.18.2 Services to be delivered.....	32
8.18.3 Service Parameters:.....	33
8.19 Location and premises.....	34
8.20 Social Value.....	37
8.21 Added Value	37

8.22	Commissioner / Provider Relationship.....	38
8.23	Customer Feedback – Compliments, Complaints and Concerns.....	38
8.24	Withholding and/or discontinuation of service.....	39
8.25	Financial Envelope and Budget Management	40
9.	Specific Service specification with regard to Children and Young People.....	41
9.1	Population.....	41
9.2	In Scope	41
9.3	Out of scope	42
9.4	Priority groups.....	42
9.5	Interdependencies with other local services	43
9.6	Location and premises.....	44
9.7	Advice and Guidance.....	44
9.8	Hidden Harm.....	44
9.9	Access and Engagement.....	44
9.10	Assessment	45
9.11	Targeted Brief and Extended Brief Interventions	46
9.12	Treatment Interventions for Children and Young People	46
9.13	Psychosocial interventions/Individual therapies.....	46
9.14	Injecting	47
9.15	Overdose Prevention	47
9.16	Pharmacological interventions	47
9.17	Family interventions.....	48
9.18	Access to additional specialist treatment, e.g. residential care.....	48
9.19	Treating co-morbidity in partnership with local services for young people’s emotional well-being, offending behaviour and mental health	48
10.	Specific Service Specification with regards to Adults	49
10.1	Population.....	49
10.2	In Scope	49
10.3	Out of scope	50
10.4	Priority groups.....	50
10.5	Location and premises.....	51
10.6	Interdependencies with other local services	51
10.7	Open Access and Engagement Services	53
10.7.1	Objectives	53

10.7.2 Services to be delivered	54
10.7.3 Service Parameters.....	54
10.8 Access and Engagement for Criminal Justice Service Users	56
10.8.1 Objectives	56
10.8.2 Services to be delivered.....	56
10.8.3 Service Parameters.....	57
10.9 Harm Reduction Services	57
10.9.1 Objectives	57
10.9.2 Services to be delivered.....	58
10.9.3 Service Parameters.....	59
10.10 Assessment, Recovery Planning & Case Management.....	60
10.10.1 Objectives	60
10.10.2 Services Provided	60
10.10.3 Service Parameters.....	61
10.11 Structured Treatment Interventions	62
10.11.1 Objectives	62
10.11.2 Services to be delivered.....	63
10.11.3 Service Parameters.....	64
10.12 Recovery Support (Open Access delivered as part of a Recovery Plan)....	65
10.12.1 Objectives	65
10.12.2 Services to be delivered.....	65
10.12.3 Service Parameters.....	66
Appendices	67

1. The Somerset Vision

Aspirational, Innovative and Effective

Somerset County Council (SCC) Public Health (the Service Purchaser) wishes to commission a specialist drug and alcohol treatment and interventions service for all ages.

The service will operate as a team of specialist expertise, working directly with clients¹ (both children/young people and adults) and supporting and enabling the wider system to effectively respond to the challenges of drug and alcohol use.

The service will work with commissioners and partners to develop and deliver aspirational, innovative and effective treatment and intervention services.

We want a service that starts with people's strengths, not problems;

We want a service that has the client at the centre of its delivery; and where the client is a partner in their own recovery;

We want a service that has the needs of children at its heart including specialist provision for children and young people;

We want a service that uses a proactive approach to engagement, that opens up options for clients and supports and enables aspirations;

We want a service that regardless of the age of the client is driven by a model of "Think Family – Think Community – Think Partnership";

We want a service that is forward looking, innovative and collaborative; working with a range of partners and its commissioners.

We see this service as a specialist service within a broader system of recovery and support – for us treatment is about recovery, not a way of life.

¹ The use of the term 'client' refers to a person of any age, who are a dependent drug/alcohol user and / or a Carer or family member/affected other of a dependent drug and alcohol user and/or a young person who is a child of a dependent drug and alcohol user regardless of whether the user is in treatment or not.

2. Key Principles of Service Delivery

Personalised, Accessible and Inclusive

1. The Service will be all ages, with distinct and age appropriate responses for children, young people and their families.
2. The Service will make every contact count to ensure that people get the right service at the earliest opportunity.
3. Recovery will be visible and promoted within all parts of the service and stages of the treatment journey.
4. The Service will adopt a think family approach, and will work with partners to address the impact of adult behaviours on children.
5. Every attempt will be made to assist substance misusing parents to access services appropriate to their needs including enabling them to access childcare in their local community.
6. The Service will be emotionally intelligent and psychologically informed, addressing social, psychological and mental health needs as core business.
7. The Provider will be visible in particular settings - including but not limited to acute hospitals (emergency departments and midwifery) and children's services, and to particular groups - including but not limited to those people with multiple vulnerabilities including mental health and housing issues, child looked after/leaving care status.
8. The Service will at all times aim to identify and respond appropriately to the individual needs of Service Users, including but not restricted to, gender, age, ethnicity, sexuality, emotional and mental health, housing status and substance(s) used.
9. The Service will offer a menu of interventions that ensures that Service Users have options in how they put their treatment programme together to aid their recovery.
10. The Service will make best use of technology to deliver interventions and communicate with Service Users, their families and professionals.
11. The Provider will ensure that Service Users and their Families/Carers are at the centre of the Service.

3. Overarching Aspirations for Somerset

The Purchaser has identified nine overarching strategic aspirations:

1. the prevention of problems with alcohol and drugs developing and escalating (which includes the recognition of the impact of adverse childhood experiences)
2. the reduction of alcohol and drug related deaths
3. the reduction of alcohol and drug related offending
4. the improvement of mental and physical health of alcohol and drug users
5. increasing the numbers of people achieving and sustaining abstinence
6. increasing the numbers of alcohol and drug users in stable accommodation
7. improving alcohol and drug users social and family relationships
8. increasing engagement with education, training and employment
9. promoting the development of independent support networks²

The Public Health Outcomes Framework (PHOF)³ indicators are central to the Services performance reporting. The PHOF has indicators that the Service will have a direct responsibility for and indicators that the Service will contribute to as part of the wider system to address drug and alcohol misuse.

Direct PHOF indicators include:

- 2.15i - Successful completion of drug treatment - opiate users
- 2.15ii - Successful completion of drug treatment - non-opiate users
- 2.15iii - Successful completion of alcohol treatment
- 2.15iv - Deaths from drug misuse
- 2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

PHOF indicators that the Services work will contribute to include but are not limited to:

- 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons)
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Male)
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)

National Drug Treatment Monitoring System (NDTMS) measures will also be central to the performance review of the Service. These frame a set of national indicators

² Outcome 8 and 9 were identified as critical in the consultation with peer mentors to enable recovery to go beyond addressing the substances used.

³ <https://www.gov.uk/government/collections/public-health-outcomes-framework> ;
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

which are proxy measures of the quality of the treatment system for all ages. The Purchaser uses the PHE:

- YP Specialist Substance Misuse Interventions - Executive Summary report published quarterly as part of the drug and alcohol treatment system performance which helps demonstrate the effectiveness of the treatment system for young people benchmarked nationally.
- Diagnostic Outcomes Monitoring Executive Summary (DOMES) report published quarterly as part of the drug and alcohol treatment system performance which helps demonstrate the effectiveness of the treatment system benchmarked nationally.

Together these will be reflected in the performance framework for the Service - see Appendix 1. These will be utilised in the contract management meetings held with the Purchaser both on a monthly and quarterly basis. The finalised performance framework will be available at award; and is subject to change over the lifetime of the contract.

The Service will also contribute to the indicators included in a number of other indicator sets including but not limited to Local Alcohol Profiles England [LAPE]⁴ and Child Health Profiles⁵. These frequently require the commissioner and the Service to reflect on the effectiveness of the pathway between the Service and the wider system; and as such The Purchaser uses these sources to inform ongoing developments.

Two needs assessments were researched and written to inform this specification – one on adults and one on young people. Both of these documents are listed as Appendix 2 and 3 respectively and provide the background information on local user profile, service demand and gaps which Providers of this Service need to understand.

⁴ <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

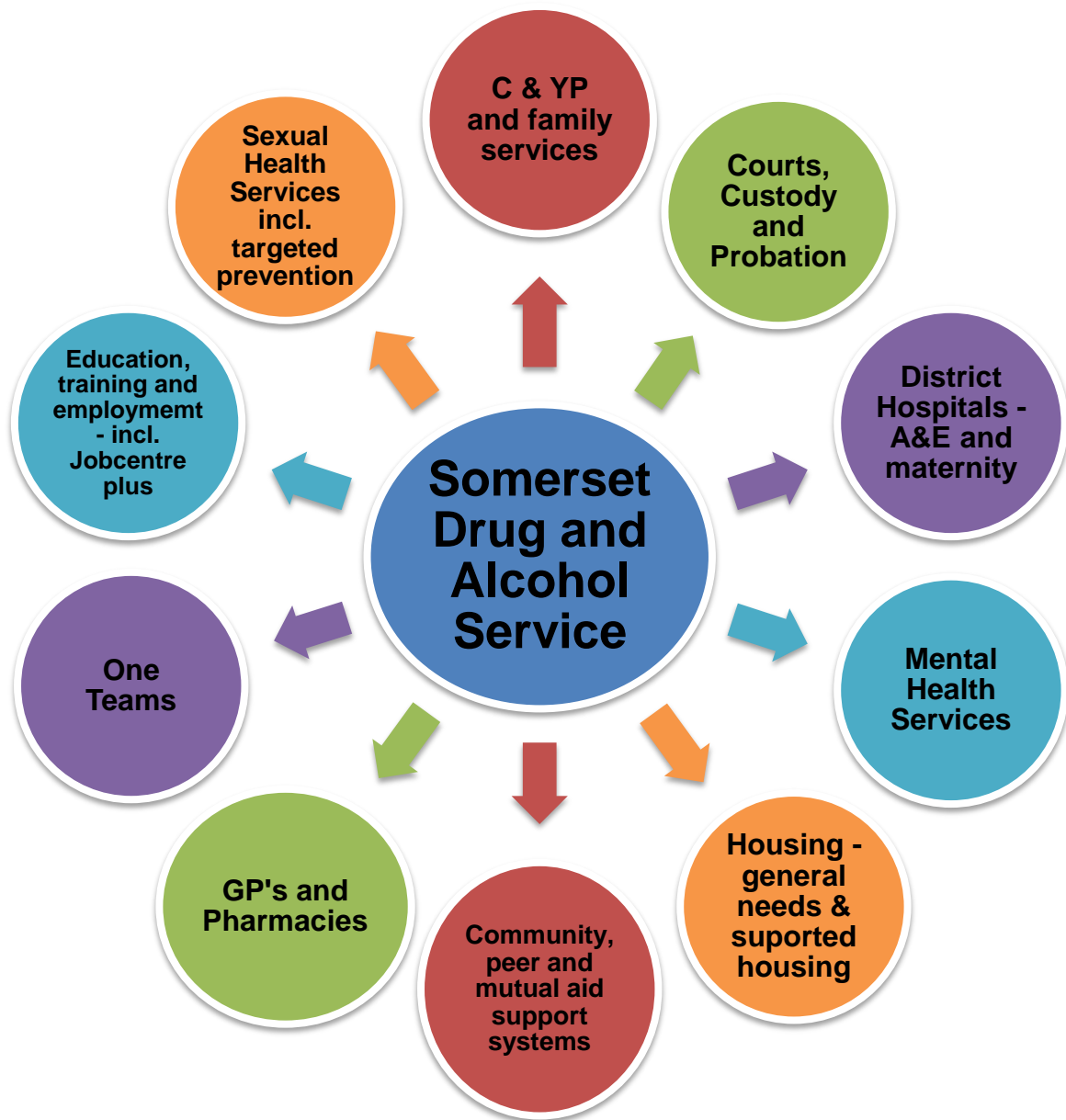
⁵ <https://fingertips.phe.org.uk/profile-group/child-health>

4. Key Relationships - working in partnership

1. The Service will work proactively and reactively with other professionals, communities, potential and actual Service Users and families/affected others to educate and advise, reduce stigma, prevent problematic use and promote recovery.
2. The Service will join with community support networks and local partners to support people in achieving a sustained long-term recovery, reducing criminal activity, supporting reintegration back into society and avoiding the need to return to treatment wherever possible. Clear pathways will be developed, enhanced and monitored with all relevant partner organisations; see Section 5 on Pathways and Protocols. The Provider will be expected to be part of the processes led by the Purchaser to review and develop these over the length of the contract.
3. Client identifiable information will be exchanged between this Service and other services to assist in the Service User's recovery where it is proportionate and relevant to do so; this will be in line with the Service User Consent and Confidentiality forms⁶ and the agreed information sharing procedures between the Purchaser, Provider, and Information/Case Management system provider.
4. The Service will join with other services and community support networks in operating a shared risk approach when working with the same person to ensure co-ordination and a streamlined approach across agencies.
5. The Service will be expected to develop key relationships including but not limited to those described in Fig.1 'daisy' diagram on the next page.

⁶ See Appendices 4 and 5 these are in use as at December 2017 and will be subject to review under the General Data Protection Regulation (**GDPR**) (Regulation (EU) 2016/679)

Fig 1: 'Daisy' diagram - includes but is not limited to, the key relationships that the Provider must work in partnership with.



5. Pathways and Protocols

As indicated under Section 4 Key Relationships the Purchaser with commissioning and provider partners has been developing a number of service improvements with particular service areas. This service will need to adopt these into their working practices and assign time and expertise to enhance the pathways and protocols that are in operation in Somerset. The current versions of these (as at December 2017) can be viewed in the Appendices 6 to 12.

Existing Pathways and Protocols

Housing and Homelessness⁷

Dual Diagnosis (substance misuse and mental health)⁸

Hidden harm of adult behaviours on children (substance misuse, domestic abuse, mental health)⁹

Maternity^{10 11}

Children and young people substance misuse pathway^{12 13}

To be developed / in development

Criminal justice (arrest/court/custody)

Carers/families independent of user

Education, Training, and Employment

⁷ Positive Lives Strategy - Enabling adults with complex social needs to live successfully (October 2017) v4

⁸ Somerset Joint Working Protocol for co-existing severe and enduring mental disorders and substance misuse (Dual Diagnosis) March 2017

⁹ Working Together to respond to parents and children affected by the trio of domestic abuse, mental health and substance misuse (January 2016)

¹⁰ Drug and alcohol use in pregnancy: A protocol for midwifery - Taunton and Somerset NHS Foundation Trust

¹¹ Drug and alcohol use in pregnancy: A protocol for midwifery - Yeovil Hospital NHS Foundation Trust

¹² Somerset Young Persons Hospital Substance Misuse Pathway (March 2017)

¹³ YP pathway tier 2-3 (June 2015)

6. Recovery Principles of the Somerset Drug and Alcohol Treatment Service

The underpinning approach to the provision of drug and alcohol treatment services in Somerset will be focussed on working with Service Users and their carers/family to achieve 'Recovery'.

'Recovery' is defined as:

The process of recovery from problematic substance use is characterised by voluntarily-sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society¹⁴.

While 'voluntarily-sustained control' within this definition includes abstinence, the Purchaser supports an enhanced focus on abstinence within treatment services in Somerset.

The Purchaser recognises that young people are unlikely to be dependent and therefore the focus should be on preventing problematic substance misuse as they move into adulthood. 'Recovery' in relation to young people refers to their ability to develop safe and positive personal and social relationships, engage with learning or employment, achieve their personal aspirations and contribute to their community, moving towards sustainable independence. The focus is on addressing risks and building resilience.

The Purchaser recognises the benefits of visible and active Peer Mentors within a drug and alcohol treatment service. We view Peer Mentors as critical to the promotion and achievement of sustained recovery, through their lived experience of being in treatment and recovery.

We therefore expect The Provider:

- To operate with a Peer Mentor strategy for this service which enables service users and carers to work as an equal partner in the delivery and development of the service and achieve recovery.
- To work with Service Users, families/affected others, other organisations and communities to provide opportunities and facilitation to assist Service Users to develop a drug and/or alcohol free lifestyle

¹⁴ UK Drug Policy Commission Recovery Consensus Group Statement (2008)
<http://www.ukdpc.org.uk/publication/recovery-consensus-group/>

The Purchaser also considers that harm reduction underpins any system or model of treatment delivery developed within Somerset. The Provider must ensure that individuals accessing services will be supported to meet the outcomes as described below to meet the specific needs of Service Users in Somerset:

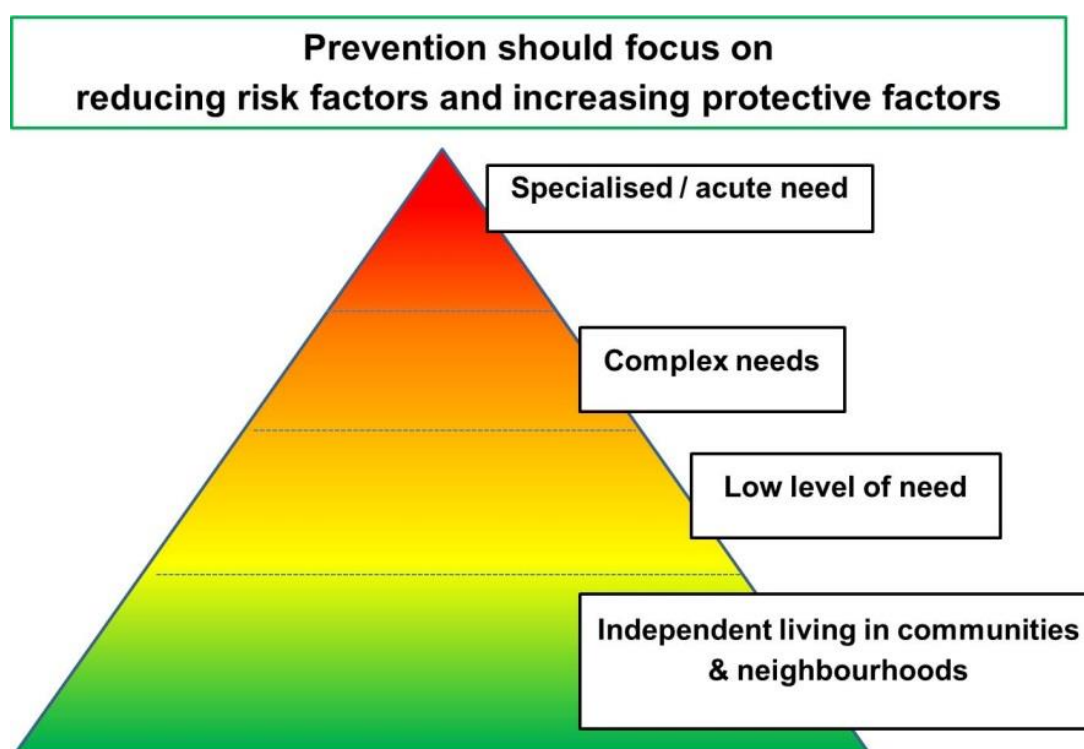
Outcomes presented as part of the UKDPC consensus statement	Somerset Specific interpretation/emphasis
Maintain control over drug and alcohol use	Ethos of developing and sustaining abstinence but we recognise that for some individuals this may mean a reduction in use to less harmful and more responsible levels
Maximise health and wellbeing	Including emotional, physical and mental wellbeing
Accrue positive benefits and build a satisfying and meaningful life (as defined by Service User)	As defined by the Service User – providing the life defined is one which fits with the wellbeing of the wider community. Recovery capital: Social, Human, Physical and Cultural ¹⁵
Reduce and remove harms associated with substance misuse	In relation to the Service User, their family and the community
Participate in the rights, roles and responsibilities of society	Including reducing criminal and anti-social behaviour. Also improving social interactions.
Participate fully in family life	Participate fully in positive family life Capacity to be an effective and caring parent, grandparent, sibling and child. Encourage positive social relationships Support the 'recovery' of family and friends of Service Users
Undertake work in a paid or voluntary capacity	Or in education or training

¹⁵ Best, D. and Laudet, A.B. (2010) The Potential of Recovery Capital, RSA

7. Overview of the Service Specification

The specialist service will be located in a wider system as shown in Fig 2 below; and needs to be working to a model which embraces biological, psychological and social interventions to aid recovery.

Fig. 2 System approach to tackling drug and alcohol use in Somerset

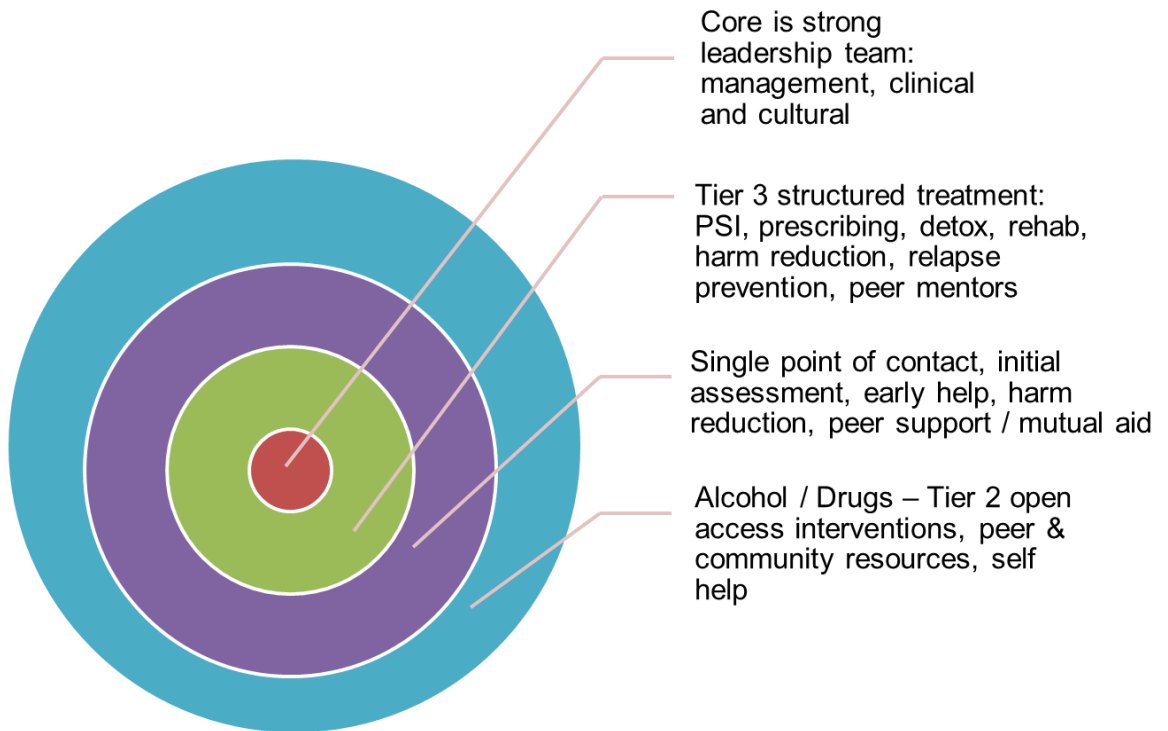


The following sections provide details on the specification for this service; there are three sections:

- General Service specification
- Specific Service specification with regard to Children and Young People
- Specific Service specification with regard to Adults

The Purchaser in Fig 3 has in picture form represented the various elements of a desired treatment system for the Service; the general and specific service specifications describe in more detail what is to be delivered as part of this Service. The Purchaser expects The Provider to deliver all of the elements in this model except where it is out of scope for this Service.

Fig 3: Diagram of the elements for the drug/alcohol service



8. General Service Specification (all ages)

8.1 Population covered

This Service is for all ages that are ordinarily resident within Somerset or are registered with a GP in county boundary of Somerset where the individual is dependent on drugs or alcohol or where they are the family member / carer of a dependent drug/alcohol user.

A young person is classified as someone that is aged up to the day before their 18th birthday with no lower age limit. The Purchaser includes in its definition of young people those aged up to their 26th birthday if a Care Leaver or if they are Special Educational Needs and Disability (SEND) and have an education, health and care plan (EHCP).

Services for young people over the age of 18 should be provided with full regard to their individual development and needs and include provision for those transitioning from young people's services to adult services – see Section 8.2 Priority Client Groups.

An adult is classified as someone from their 18th birthday onwards with no upper age limit. The Purchaser is aware that there is an ageing population in Somerset and this is reflected in the growing older population of opiate users and alcohol only users in treatment. We require the service to be aware of the interrelationship of ageing, drug and alcohol use and physical and/or mental health conditions.

There should be a focus on using a variety of strategies to engage the young person in treatment and provide a flexible, responsive service. The Purchaser is working to a definition that takes account of transitional years and the complexity of those young people most at risk of using drugs and alcohol.

8.2 Priority Client Groups

The Purchaser in consultation with other commissioners on the Somerset Drug and Alcohol Partnership have identified the following client groups as priorities for this Service:

- Parents with non-using and/or using dependent children
- Parents where there is a safeguarding concern and/or domestic abuse and/or social care involvement (childrens or adults)
- Pregnant women
- Criminal Justice Clients including arrest and court referral/diversion, probation (National Probation Service and Community Rehabilitation

- Service), court sentencing and prison release.
- People of any age with multiple vulnerabilities including but not limited to: mental health, housing (unsettled accommodation, no fixed abode, rough sleeping), military status and protected characteristics under the Equality Act.
 - Treatment naive clients
 - Carers/families independent of whether the dependent user is in treatment – all ages
 - Children and Young People including:
 - Children Looked After
 - Care Leaver or if they have Special Educational Needs and Disability (SEND) and have an education, health and care plan (EHCP aged up to their 26th birthday
 - Non using children/young people experiencing parental substance misuse regardless of whether those parents are in treatment or not.
 - Using children/ young people experiencing parental substance misuse regardless of whether those parents are in treatment or not.
 - Young people in contact with child and adolescent mental health services
 - Children/young people identified under the Troubled Families Programme
 - Young people not in education, employment or training
 - Young people who are witnesses, victims or perpetrators of domestic abuse
 - Young people who are victims of child sexual exploitation
 - Young offenders
 - Young people with multiple issues which may not individually meet a threshold for intervention but as a constellation of issues require intervention.

8.3 Out of area service users

In recognition that Somerset borders with a number of other Local Authority areas and is a large rural county, there will be a small number of Service Users that are both imported and exported.

In areas neighbouring the County of Somerset, where access to Somerset services is easier for the person seeking help, this will usually be acceptable with reciprocal arrangements operating with other neighbouring local authorities. The Provider will however be required to inform the Commissioner of such clients and seek approval, to ensure that the reciprocal arrangements are still in place over the lifetime of the contract

Service Users residing out of county and not in a geographic neighbouring Local Authority, may access the Service but prior to accepting such an out of area Service User into structured interventions, The Provider should inform the Purchaser in writing of the circumstances and seek approval of treating this individual/family.

8.4 In scope

8.4.1 The Service will be responsible for all prescribing of medication used in the treatment of substance misuse and comply with the relevant and most current clinical guidelines over the life time of the contract. This will include but is not limited to:

- total budgetary control for all ages within the total contract budget available;
- the negotiation of shared care and proportionate costs;
- clinical governance and quality standards relating to prescribing; storage, dispensing including supervised consumption.

8.4.2 The Service will be responsible for all needle exchange and harm reduction activities/arrangements and comply with the relevant and most current clinical guidelines over the life time of the contract. This will include but is not limited to:

- total budgetary control for all ages within the total contract budget available;
- the purchasing of all injecting equipment and paraphernalia
- the safe disposal of waste;
- clinical governance and quality standards relating to needle exchange and harm reduction.

8.4.3 The Service on behalf of the Purchaser will hold the budget and be responsible for the placement of Service Users in residential rehabilitation and inpatient detoxification facilities in line with assessed need. This will include but is not limited to:

- total budgetary control for all ages within the total contract budget available;
- clinical governance and quality standards relating to residential rehabilitation and inpatient detoxification;
- clear and transparent eligibility and selection criteria for residential places and inpatient detoxification;
- in discussion with the commissioner will negotiate with any partners over the shared costs of residential rehabilitation and inpatient detoxification placements such as in the case of mother and baby placements.

8.4.4 The Provider is required, as part of best practice in assessment of need, to identify the housing status of all clients, understand the risks posed by

that housing status in successful Recovery and take actions to address that housing status with the client and partner agencies.

This will include but is not limited to working jointly with the commissioned supported housing services and system for both young people and adults.

- 8.4.5** The Provider is required to work with the commissioned supported housing services for young people branded as Pathways to Independence (P2i).
- 8.4.6** Subject to the commissioning timeframes, the Provider is required to be aligned to and work in conjunction with:
 - a. Either the existing commissioned drug and alcohol housing support and accommodation service commissioned by the Purchaser from Developing Health and Independence (DHI) up to the 31st March 2019 (or end of January 2021 pending on b below);
 - b. Or subject to the outcomes of SCC ambitions for its housing support for complex/vulnerable adults, revised arrangements for a Somerset housing support system that will include the functions of the existing service.

8.5 Out of Scope

- 8.5.1** Sections 9.3 and 10.3 details specific items that are out of scope of this Service for children and young people and adults respectively.
- 8.5.2** Additionally the management and support of the drug and alcohol dedicated accommodation that exists in Somerset is also out of scope of this Service.
- 8.5.3** The delivery of Tier 1 drug and alcohol training for the wider workforce to ensure they are confident and competent to identify and respond to drug/alcohol use amongst their clients is out of scope of this Service. The Purchaser will as appropriate consult with the Provider over the scope and content of this training programme.

8.6 Promoting and protecting the health of children in families where there is drug/alcohol misuse

- 8.6.1** The Provider must be aware of any children in the household when working with an adult and the impact of their behaviour on the health and wellbeing of the child engaging with relevant agencies as required to support the child(ren).
- 8.6.2** The Provider must work to the Somerset's approach to effectively support children and families¹⁶. This is detailed in the guidance for all

¹⁶ Effective Support for Children and Families in Somerset - updated July 2017
<http://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/>

professionals in working together with children and families to provide early help and targeted and specialist support.

The vision is that “early help is everyone’s responsibility; we want children, families, communities and agencies to work together so that families are assisted to help themselves and are supported as soon as a need arises, thereby improving the overall wellbeing and quality of life of all Somerset children, young people and their families”.

The aim is to assist professionals in assessing and identifying a child or young person’s level of need; what type of service/resources may meet those needs, and the process to follow in moving from an identification of need to the provision of services with the aim that children receive the right service, in the right place, at the right time.

This service is required to work in line with this approach.

- 8.6.3** See Section 9.8 and Appendix 8 on hidden harm of adult behaviours on children (especially substance misuse, domestic abuse, mental health).
- 8.6.4** The Provider, acting on behalf of the Purchaser is required to assume the commitments to children in the care of the Local Authority as defined in the Somerset County Council Corporate Parenting Pledge. It includes a number of promises for how we will look after and communicate with them. They go across seven themes: Listening, informing; Where I live; Contact with important people; Care planning, information and health; Look after reviews; Leaving care and preparation for independence; Sorting out problems and making complaints. To see the full pledge go to <http://www.somerset.gov.uk/get-involved/volunteering/corporate-parenting/>

8.7 Safeguarding Children

- 8.7.1** The Provider will ensure that safeguarding the welfare of children is paramount within the provision of services. The rights of parents, carers and pregnant women for support in fulfilling their parental roles and responsibilities do not override the welfare of the child. The Provider will adhere to the policies and procedures of the Somerset Safeguarding Children Board (SSCB) <http://sscb.safeguardingsomerset.org.uk/>
- 8.7.2** The Provider must be aware of its responsibilities and specific statutory duties to promote the welfare of children and ensure they are protected from harm under Working Together 2010.
- 8.7.3** The Provider has under section 11 of the Children Act 2004 duties to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.
- 8.7.4** The Provider has in place arrangements that reflect the importance of

safeguarding and promoting the welfare of children, including:

- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;
- arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB).

- 8.7.5** The Provider will also have a designated professional lead for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively.
- 8.7.6** The Provider will have safe recruitment practices for individuals whom the organisation will permit to work with children, including policies on when to obtain a criminal record check.
- 8.7.7** The Provider will have appropriate supervision and support for staff, including undertaking safeguarding training.
- 8.7.8** As an employer the Provider is responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.
- 8.7.9** The Provider will ensure staff undertake a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare.
- 8.7.10** The Provider will ensure that all staff have regular reviews of their own practice to ensure they improve over time.
- 8.7.11** The Provider must have clear policies in line with those from the SSCB for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
- behaved in a way that has harmed a child, or may have harmed a

child;

- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

8.7.12 If the Provider removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service and inform the Commissioner within 24 hours.

8.7.13 The Provider should know how to access the Local Authority Designated Officer (LADO) in respect of all cases in which it is alleged that a person who works with children has: behaved in a way that has harmed, or may have harmed a child possibly committed a criminal offence against or related to a child; or behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

8.8 Safeguarding Vulnerable Adults

8.8.1 The Provider will ensure that safeguarding vulnerable adults is also embedded regardless of whether the vulnerabilities meet the threshold of the Somerset Safeguarding Adults Board (SSAB)

<http://ssab.safeguardingsomerset.org.uk/>

8.8.2 The Provider will have safe recruitment practices for individuals whom the organisation will permit to work with vulnerable adults, including policies on when to obtain a criminal record check.

8.8.3 The Provider will have appropriate supervision and support for staff, including undertaking safeguarding training

8.8.4 As an employer the Provider is responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding vulnerable adults and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.

8.9 Clinical Governance

8.9.1 The Provider will have in place appropriate structures with which to continuously improve the quality of the service, safeguard high standards of care, and create an environment in which excellence can flourish.

8.9.2 The Provider will have in place the following structures either as stand-alone or as part of a clinical governance or quality assurance policy and will at a minimum include:

- Established clinical and operational standards in the form of service policies which cover all main aspects of the service – these must form part of the Services Standard Operating Procedures (SOP);
- A staffing structure whereby all staff receive advice, support, training,

clinical guidance and supervision, appropriate to their role within the organisation, from suitably qualified experienced individuals;

- A system to ensure that all staff receive an appropriate induction in terms of the values, philosophy, aims and objectives, culture of the organisation and their own role and function within it;
- Clear policies and procedures to ensure staff, managers, volunteers and peer mentors complete defined statutory and mandatory training, including regular refresher courses, appropriate to their roles and functions in the organisation;
- A system in place where all peer mentors, staff and managers have opportunities to develop at a personal and professional level;
- A documented system of risk assessment and risk management; risk assessment and risk management plan is embedded as part of the information case management system Halo which the Provider is required to use.

8.9.3 The Provider will have in place clinical governance systems which specifically pertains to the management of controlled drugs, as defined within the Misuse of Drugs Act. The Provider will at a minimum have the following:

- Registration with the Care Quality Commission as an Independent Healthcare Provider and meeting all requirements pertaining to the registration; and that the Somerset service is registered as an individual/specific site
- A lead clinician with suitable training, skills and experience to provide clinical advice, supervision and leadership to any
 - GPs with a Special Interest (GPwSI) and other medically trained staff employed or contracted to work directly with the service or indirectly with dependent drug/alcohol users;
 - Supplementary and or non-medical prescribers employed or contracted to work directly with the service;
 - A system of reviewing specific areas of clinical practice and its effectiveness through a clinical audit;
 - A process, agreed with the commissioners for reporting errors and incidents concerning medication prescribed by the service.
- Patient Group Directions (PGDs) to supply or administer medicines to clients.¹⁷ This should be put together by a multi-disciplinary group including a doctor, a pharmacist and a representative of any professional group expected to supply the medicines under the PGD. In line with best practice its development should also involve local drug and therapeutics committees, area prescribing committees and similar advisory bodies. The expiry date for a PGD needs to be

¹⁷ <https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them>

decided on a case-by-case basis in the interest of patient safety. The expiry date should not be more than 3 years from the date the PGD was authorised. It must also be authorised (signed) by the Somerset Director of Public Health.

- 8.9.4** As a CQC registered Service Provider:
- it shall comply with the requirements and arrangements for notification of deaths and other incidents to CQC in accordance with CQC Regulations.
 - if the Provider gives a notification to the CQC or any other Regulatory Body which directly or indirectly concerns any Service User, the Provider must send a copy of it to the Service Purchaser within 5 Business Days.
- 8.9.5** The Provider must comply with the arrangements for notifying, investigating and reporting on serious incidents to comply with the SCC Public Health protocol on Notification of Serious Incidents within Somerset County Council Public Health Services¹⁸; this includes Serious Incidents, Patient Safety Incidents and non-Service User safety incidents.
- 8.8.6** The Provider is required to participate in and comply with other learning and review processes including but not limited to:
- Somerset Safeguarding Childrens Board serious case reviews, thematic learning reviews, child death reviews
 - Somerset Safeguarding Adults Board serious case reviews, thematic learning reviews
 - Safer Somerset Partnership Domestic Homicide Reviews
- 8.9.7** The Provider is required to participate in and contribute to Somerset Drug Related Death Audit Review Group. This is led by the Purchaser but alongside coroner information draws on the notification, review and learning / recommendations from the Providers own review of a death in service.
- 8.9.8** All deaths of Service Users must be reported to the Purchaser within 24 hours of the Provider being notified using the template specified by The Purchaser; and complete all required fields on the information case management system.
- 8.9.9** All services delivered will:
- Reflect nationally agreed good practice, advice and guidelines, originating from research and evidence base of effectiveness or
 - Be innovative with a clear rationale and include mechanisms for review and evaluation.

¹⁸ See Appendix 13

The Provider will be explicit about which elements of the service fit into each of the above categories.

Evidence Reviews were undertaken to inform this Service and can be found in Appendix 14 and 15. These were written in 2016/17 and are subject to change as policy and practice is revised locally, nationally and internationally.

- 8.9.10** There are however a number of significant documents that were published since the evidence reviews were written, specifically:
- Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management¹⁹
 - PHE (December 2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review²⁰
 - PHE (January 2017) An evidence review of the outcomes that can be expected of drug misuse treatment in England²¹
 - PHE (June 2017) Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers²².

These must be complied with as part of the standards for delivery of this Service.

- 8.9.11** The Provider must have a business continuity plan for the provision of appropriate services for clients and staff which includes but is not limited to: incidents, emergencies, adverse circumstances e.g. cold/hot weather, pharmacy closures.

8.10 The Workforce

- 8.10.1** The Provider must at its core operate with a strong leadership team which includes: management of the service, clinical interventions / directions, fiscal discipline and cultural ethos.

- 8.10.2** The Provider in dialogue with the Purchaser is required to operate a shared understanding of recovery oriented treatment across the

¹⁹ Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health

²⁰ PHE (December 2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf

²¹ PHE (January 2017) An evidence review of the outcomes that can be expected of drug misuse treatment in England
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf

²² PHE (June 2017) Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers

workforce deployed, including the understanding that the therapeutic alliance is key to positive outcomes. Individual choices, preferences and needs must be reflected in care plans and staff must have a detailed knowledge of specialist and non-specialist provision available to achieve outcomes.

- 8.10.3** All job descriptions, person specifications and recruitment processes will be expressed in line with the Drug and Alcohol National Occupational Standards (DANOS) and other relevant national occupational standards. The service provider will be able to demonstrate that an appropriate level of funding is allocated to the training and development of staff at all grades, including managers.

The Provider is also required to evidence the additional, skills, training and experience required in the workforce for those working with specific priority groups especially children and young people and specific co-existing issues such as mental health and criminal justice.

- 8.10.4** The Provider will undertake a regular training needs analysis and produce an action plan to ensure:
- All workers and their line-managers have, or are working towards, evidence of their competence in the field;
 - All workers and their line-managers have completed, or are undertaking: Safeguarding Children and Adults training, Domestic Abuse – DASH risk training²³, Mental Health ASIST – suicide prevention skills training, Mental Health First Aid as well as other key training areas identified by the Purchaser in discussion with the Provider;
 - All line managers have completed, or are undertaking, a training course in line-management;
 - All workers and their line-managers have the necessary levels of IT literacy.

- 8.10.5** Effective interventions require competent practitioners who must have basic occupational competencies (e.g. DANOS).

Front line staff must have competence in motivational approaches and brief interventions. All interventions will be provided by staff that are assessed by the service as being appropriately trained, skilled and competent to provide them, in line with the Drug and Alcohol National Occupational Standards (DANOS).

<https://tools.skillsforhealth.org.uk>

²³ By this we mean Somerset County Council's Level 1 domestic abuse 'recognizing the signs and how to respond' course.

- 8.10.6** The Provider must ensure that all staff are competent to deliver psychologically informed interventions with clients on the basis that the majority of dependent drug and alcohol users will have emotional and mental health needs distinct from a diagnosed mental health condition; these need to be addressed as part of a person's recovery.
- 8.10.8** Other specialists including but not limited to any GPs working in the service, should have training and competencies in line with both guidance from the Royal College of Psychiatrists (monitored through appraisal and professional revalidation procedures), Royal College of General Practitioners (RGCP Management of Substance Misuse Cert 1 and 2 at a minimum) and the Drug and Alcohol National Occupational Standards (DANOS).
- 8.10.9** The Provider will continually work towards achieving a workforce which is fully competent and able to demonstrate that all managers and staff have a recognised competency assessed or professional qualification appropriate to their role and are pursuing relevant continuous development. This will be evidenced via performance monitoring.
- 8.10.10** The Provider will ensure they have a named workforce development lead who will report on their agency's workforce competency and continuous professional development.
- 8.10.11** All staff, volunteers and peer mentors working within treatment services will have a responsibility to be inspirational, recovery orientated and to promote a culture of ambition and belief in recovery²⁴.
- 8.10.12** The Provider will ensure that all staff, volunteers and peer mentors are appropriately supervised and well supported while working with what can be at times, a challenging Service User group.
- 8.10.13** All staff, volunteers and peer mentors will be reliable and respectful towards individuals accessing the service. It is important that staff are caring, show empathy, are motivated, work flexibly and have an excellent understanding of drug/alcohol dependency.
- 8.10.14** All staff will be supported to develop their professional knowledge and skills and helped and encouraged to develop and progress.
- 8.10.15** Staff will be appropriately remunerated, with access to pension, sick pay and other conditions.
- 8.10.16** The Provider must carry out Staff Surveys on the workforce providing this Service at regular intervals to be agreed with the Purchaser. The Provider must provide a written report to the Purchaser on the results of each survey carried out and identify any actions reasonably required to

²⁴ Building Recovery In Communities (May 2012)

be taken by the Provider in response to the surveys. The Provider must implement such actions as soon as practicable. If required by the Purchaser, the Provider must publish the outcomes and actions taken in relation to such surveys.

- 8.10.17** The Provider will as requested by the Purchaser provide at regular intervals during the life of this contract a workforce snapshot by staff member including subcontractors as appropriate. This will include but is not limited to employment, payment, benefit and pension details. When the Purchaser requests such information the Purchaser will supply the Provider with a template for completion and return.

8.11 Information / Case Management System

- 8.11.1** The Purchaser holds a separate contract for the drug and alcohol service information/case management system. As at December 2017 this is with Footworks Solution Ltd; and the information /case management is called Halo.

However, if and when circumstances change over the life of this contract the Provider is required to use the information /case management system commissioned by the Purchaser with respect to this Service.

- 8.11.2** The Provider is required to use the Purchaser commissioned information /case management system to up load to National Drug Treatment Monitoring System (NDTMS) the required national dataset for adults and young people in line with the timeframe set by Public Health England.

- 8.11.3** The Somerset version of Halo is set up with specific form sets including but not limited to: an initial and comprehensive assessment, risk assessment and risk management plan. The system developed includes all the necessary NDTMS data requirements; as well as locally required supplementary data fields used for monitoring and reporting performance.

The Provider is required to use these and any change will be made in discussion with the Purchaser and with the Purchasers approval.

- 8.11.4** All local changes or developments to Halo will be discussed and agreed between the Service Provider and the Purchaser as the commissioner. The Purchaser will be responsible for negotiating changes to Halo with Footworks Solutions Ltd or the provider of the Purchasers required information /case management system.

- 8.11.5** At the end of the contracted period (or in the event of the agreement being terminated) ALL data related to this Service and held by the Provider (and/or data controller) must be securely transferred to any new service provider (and/or data controller) as directed by the Purchaser.

- 8.11.6 The Provider must comply with the requirements under Data Protection as set out in Clause 26 (Data Protection).
- 8.11.7 The Purchaser with the Provider and the information case management system Provider will establish prior to the start of the Service the procedures for information sharing that will include but not limited to: Data Subject Access Requests, data breaches, consent and confidentiality forms used with Service Users to access the Service.

8.12 Performance Framework

- 8.12.1 The Purchaser has a framework to report performance that includes monthly and quarterly reporting schedules to commissioners. Section 3 on 'Overarching Aspirations for Somerset' provides the wider context to how the performance of the Service and Provider will be measured.
- 8.12.2 Set out in Appendix 16 is a baseline three year profile of numbers in treatment (episodes) 2014/15 to 2016/17 inclusive covering referrals, in treatment Tier 2, in treatment Tier 3 and successful completions.
- 8.12.3 Set out in Appendix 1 is the Performance Management Framework for measuring performance of the Service over the lifetime of the contract; these will be fully agreed during the implementation phase and prior to contract start; however there will be flexibility to review these indicators as appropriate during the life of the contract.
- 8.12.4 Formal contract reviews will take place at least quarterly which will include but is not limited to completion by the Provider of a Contract Management Template (Appendix 17 is an example of its content and is subject to change) and the Finance Schedule based on the Providers final price submission.
- 8.12.5 Additionally the Provider will be required to attend and contribute to the Somerset Drug and Alcohol Partnership Board.
This Board meets on a quarterly basis and has strategic oversight on how drug and alcohol misuse is tackled across Somerset. This will include the impact of the Service in relation to the wider system.

8.13 Service User and Carer Involvement

- 8.13.1 The Provider will engage, liaise and communicate with Service Users, their Carers and Legal Guardians in an open and clear manner in accordance with the Law, Good Clinical Practice and their human rights.
- 8.13.2 The Provider will be required to evidence to the Purchaser the involvement of Service Users, Carers and Staff in the development of Services as part of contract review.
- 8.13.3 The Provider must carry out minimum yearly Service User surveys (and

Carer surveys) and shall carry out any other surveys reasonably required by the Service Purchaser in relation to the Services. The form and method of reporting such surveys will be agreed between the Parties.

8.13.4 The Provider must review and provide a written report to the Purchaser on the results of each survey carried out and identify any actions reasonably required to be taken by the Provider in response to the surveys.

The Provider must implement such actions as soon as practicable. If required by the Purchaser, the Provider must publish the outcomes and actions taken in relation to such surveys.

8.13.5 The Purchaser will undertake independent of the Provider activities including but not limited to mystery shopping, surveys, focus groups to quality assurance specific interventions and components of the Service. The Purchaser will inform the Provider that these are taking place and will as appropriate agree with the Provider the method of undertaking such activities.

8.13.6 The Purchaser will as part of performance monitoring share the results of these activities and any actions reasonably required to be taken by the Provider in response to them. The Provider must implement such actions as soon as practicable. The Purchaser will as required, publish the outcomes and actions taken in relation to such quality assurance activities.

8.14 Intuitive Thinking Skills (ITS)

8.14.1 The Purchaser as at December 2017 holds a contract with Intuitive Thinking Skills Ltd (ITS) independently of this contract. The Provider of this service however will be required to work closely with ITS to maximise the benefits of the courses delivered in Somerset to support user led approach to recovery. To date these have been the Intuitive Recovery Course for service users.

<http://www.intuitivethinkingskills.co.uk/>

However, if and when circumstances change the Provider is required to work with any peer led organisation commissioned by the Purchaser with respect to this service subject area.

8.14.2 The Purchaser will seek a dialogue with the Provider and ITS on the potential scope of any future ITS commissioned outcomes to ensure the two elements work collaboratively and in partnership to achieve best outcomes for Somerset clients.

8.15 Branding

8.15.1 The Service will operate as Somerset Drug and Alcohol Service (SDAS)

using the agreed logo for all publicity and promotion activity.

- 8.15.2** The Service has to ensure that all publicity and promotion activity is substance specific and appropriate to age, level of maturity, social / personal circumstances as well as protected characteristics under the Equality Act 2010 and complies with the Accessible Information Standard (DCB1605 Accessible Information)

This will be in consultation with the Purchaser.

8.16 Single Point of Contact (SPoC)

- 8.16.1** The Service will operate a 24/7 SPoC for all enquiries and contacts to the service for all people including Service Users – for all of ages, families and carers affected by someone’s substance misuse and professionals working with an individual or family.

- 8.16.2** The SPoC’s operation must be agreed with the Purchaser and reviewed on an annual basis in consultation with Service Users and Carers/Families.

The SPoC must be flexible to take account of:

- client commitments such as education, training, employment, child care or other dependent care;
- partner agency/services commitments to make referrals, and communicate with the Service over new and existing shared clients;
- evening, weekend and any other out of hour options.

- 8.16.3** The means for delivery of a 24/7 SPoC is for the Provider to determine with the agreement of the Purchaser.

8.17 Providing information, expertise and support for the wider workforce

- 8.17.1** The Service will be proactive in making information on the interventions available by them widely available through a variety of mediums/technologies including but not limited to the Somerset Drug and Alcohol Partnership website – somersestdap.org.uk

This has to be substance specific and appropriate to age, level of maturity, social circumstances and in line with the needs of those with protected characteristics under the Equality Act 2010; and complies with the Accessible Information Standard (DCB1605 Accessible Information)

- 8.17.2** The Service will be proactive in developing means of providing support, bespoke training and mentoring to the wider workforce to build their knowledge, skills and approach in working with drug and alcohol issues with people.

This will be in collaboration with the Purchaser and be **additional** to the basic training the Purchaser commissions. See 8.5.3 - out of scope Tier

1 training.

8.18 Promotion and Prevention Services

8.18.1 Objectives

- 8.18.1.1** To raise awareness within targeted communities and agencies in relation to the harms, causes, nature of substance misuse, treatment available and available routes to recovery.
- This will be done in conjunction with the Purchaser and wider partnership agencies including but not limited to childrens services, criminal justice and mental health services.
- 8.18.1.2** To work with other professionals to provide access for dependent drug and alcohol users to wider public health services including but not limited to:
- Quitting Smoking
 - NHS Health Checks
 - Mental Health Promotion
 - Oral Health
 - Physical Activity and Healthy Eating
 - Sexual Health Promotion
- 8.18.1.3** The provider will take an active approach to de-normalising smoking for staff, clients and visitors, and will actively promote and offer support to stop smoking for both staff and clients. For people not ready to quit, motivational interviewing and harm reduction support should be offered
- 8.18.1.4** The service will provide consultation, advice and guidance to practitioners in services particularly but not limited to:
- Children, young people and families services
 - Midwifery
 - Mental health
 - Criminal justice
 - Primary care – GPs and pharmacies

8.18.2 Services to be delivered

- 8.18.2.1** To develop, using a range of mediums, age and substance appropriate targeted materials to engage people into treatment on the back of an agreed communications and promotions plan.
- 8.18.2.2** In conjunction with the other services provided by Somerset County Council (SCC) Public Health or commissioned externally by SCC Public Health, the Provider is required to pro-actively engage Service Users to adopt a healthy lifestyle - as part of the Making Every Contact Count (MECC) approach which will include but is not limited to:
- Quitting smoking

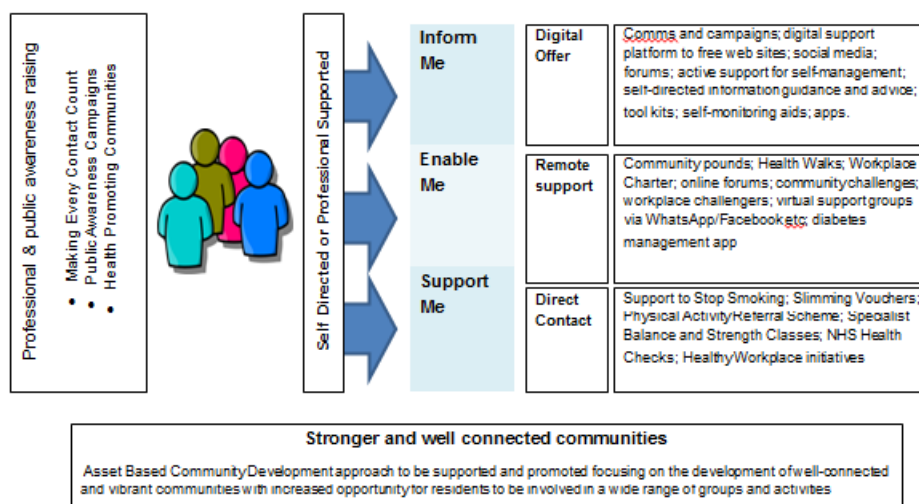
- Healthy eating
- Being physically active
- Oral Health
- Promoting sexual health and well being
- Promoting mental health and well being

8.18.2.3 The service will address motivation to quit smoking and support to stop should be an integral part of the treatment and recovery plan for all clients who smoke.

8.18.3 Service Parameters:

8.18.3.1 To provide information about healthy lifestyles to enable people to be informed of actions they can adopt themselves as part of their recovery plan.

8.18.3.2 In line with making every contact count (MECC) staff are competent to deliver advice and information that promotes healthy lifestyles. This must also be in line with the wider public health prevention model of ‘Inform Me, Enable Me, Support Me’. This model seeks to contribute to realising the ambition of the wider health and wellbeing approach for Somerset for *‘people to live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high-quality and efficient public services when they need them’*.



Adapted with permission from Devon Public Health Team

8.18.3.3 To have clear working arrangements and pathways with public health services to enable effective joint work as appropriate. For example to link with the sexual health targeted prevention service for both young people and adults to reduce risk taking behaviour in relation to sexual and reproductive health. So this could involve targeted outreach to drug and alcohol services; support for service users to

access Somerset Wide Integrated Sexual Health service (SWISH) in relation to both their sexual health and contraceptive needs; distribution of condoms for adults and young people (C-card condom scheme) through the service.

8.19 Location and premises

- 8.19.1** As a minimum the service needs to be delivered on an East (covering South Somerset and Mendip district areas) and West (covering Taunton Deane, Sedgemoor and West Somerset district areas) split. See Fig 3 potential delivery model.
- 8.19.2** In line with best practice the delivery of services to children and young people especially those under 18 must not be from within premises that are used for adult Service Users.
- 8.19.3** The Provider must ensure that the Service will be accessible to all people in Somerset who need them. The Provider shall work in partnership with other organisations and community groups to ensure that the interventions are accessible and provided in an equitable way across the county.
- 8.19.4** However the Purchaser wants to ensure that more people are able to access treatment services nearer their home given the rural nature of the county whilst also recognising the high volume of Service Users in the urban towns Taunton, Bridgwater and Yeovil. Other than that, services falling within this contract will be provided appropriately and flexibly throughout Somerset in accordance with need and monitored/reviewed regularly with the Purchaser.
- 8.19.5** The Provider will need to demonstrate how services will be delivered to those in smaller towns, rural areas and areas of deprivation.
- 8.19.6** The Provider will undertake activities falling under this contract within suitable premises or locations. This includes ensuring that premises are accessible (in terms of location), appropriate for the services provided and fully compliant with all legislation including but not limited to the Equality Act 2010 (as amended from over the life time of the contract). All premises will be inviting and welcoming and the aim is that they should feel 'owned' by the people who use them. The Provider must ensure that any premises used to deliver the service from complies with all legislation and makes reasonable adjustments to ensure that people are not disadvantaged from accessing the service.
- 8.19.7** The opening days and hours for the delivery of interventions/services times must be flexible to take account of client commitments such as education, training, employment, child care or other dependent care; and must encompass earlier morning, evening and weekend options as

standard to ensure accessibility outside of the 9-5 / Monday to Friday weekday.

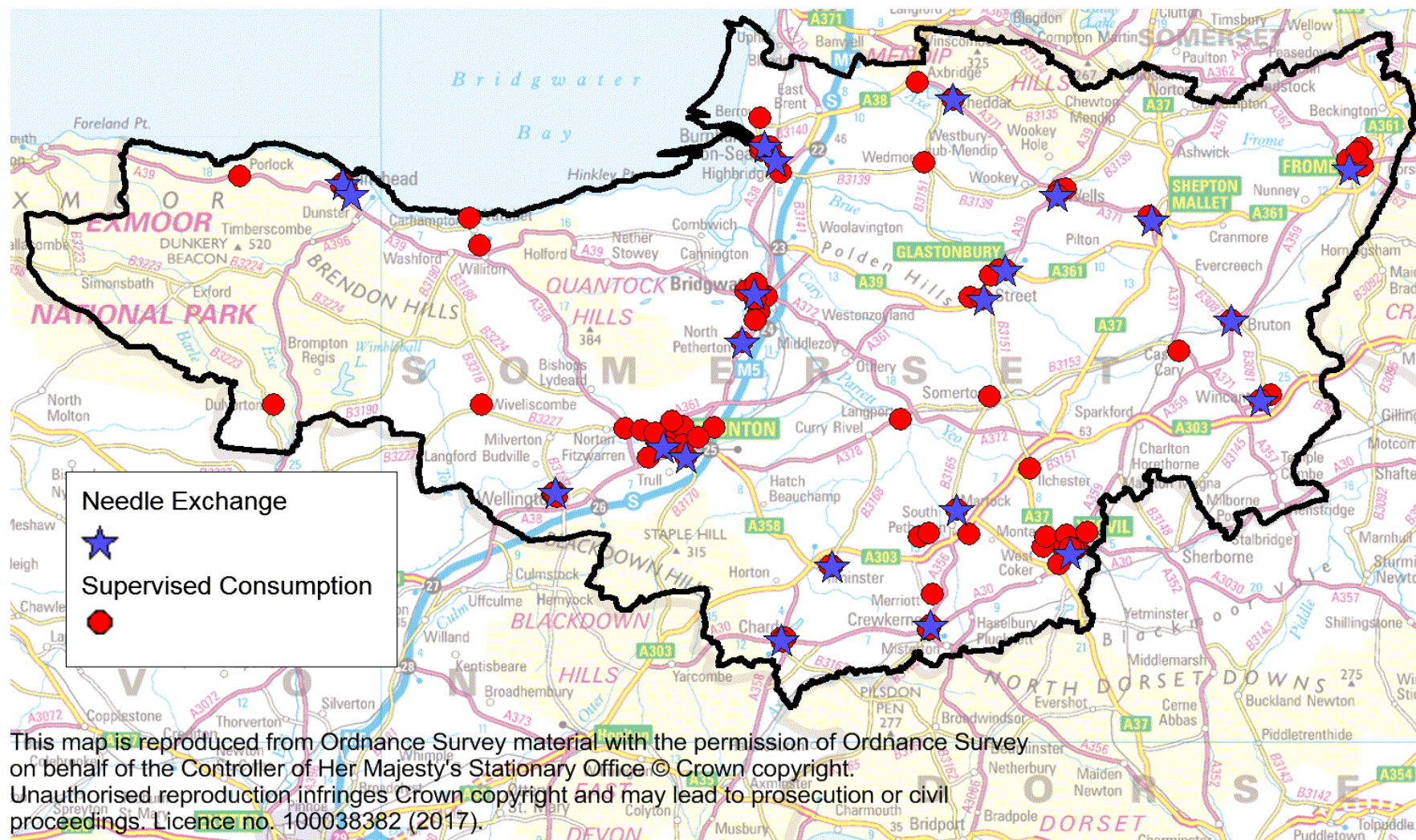
These have to be agreed with the Purchaser and reviewed on an annual basis in consultation with Service Users and Carers/Families.

- 8.19.8** All activities and costs in relation to the development, use and management of premises will be undertaken / met by the Provider. The Provider will develop a strategy across all services to assist with Service User travel costs to access service bases including reimbursement of travel costs according to need.
- 8.19.9** The Purchaser requires the provider to make best of all existing service locations/bases to deliver treatment interventions to achieve best outcomes for the client and to facilitate joint working relationships. An example would be the development of Family Hubs across Somerset to realise these best outcome for children and parents.
- 8.19.10** As at December 2017, the locations of pharmacies undertaking needle exchange is limited to 22 locations, geographically apportioned and any change needs to be discussed in advance with the Purchaser.
However to date there has been no limit to the number of pharmacies delivering supervised consumption services.
The Purchaser would welcome the Provider considering the most efficient and cost effective way for this to be delivered under this contract. Fig 4: map shows the locations of pharmacies contracted by the Purchaser as at December 2017 to deliver supervised consumption and/or needle exchange services.
- 8.19.11** For information Somerset has a One Public Estate (OPE) Programme. The OPE is a national initiative managed by central Government to enable public sector organisations to 'rationalise their asset and estates management'. In other words, local authorities were able to bid for project funding to facilitate the sharing of buildings and services with other public sector organisations.

For information on OPE for Somerset go to:

<http://www.somerset.gov.uk/policies-and-plans/schemes-and-initiatives/customer-hubs-and-one-public-estate/>

Fig 4: Locations of pharmacies delivering needle exchange and supervised consumption services as at December 2017



This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationary Office © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Licence no. 100038382 (2017).

8.20 Social Value

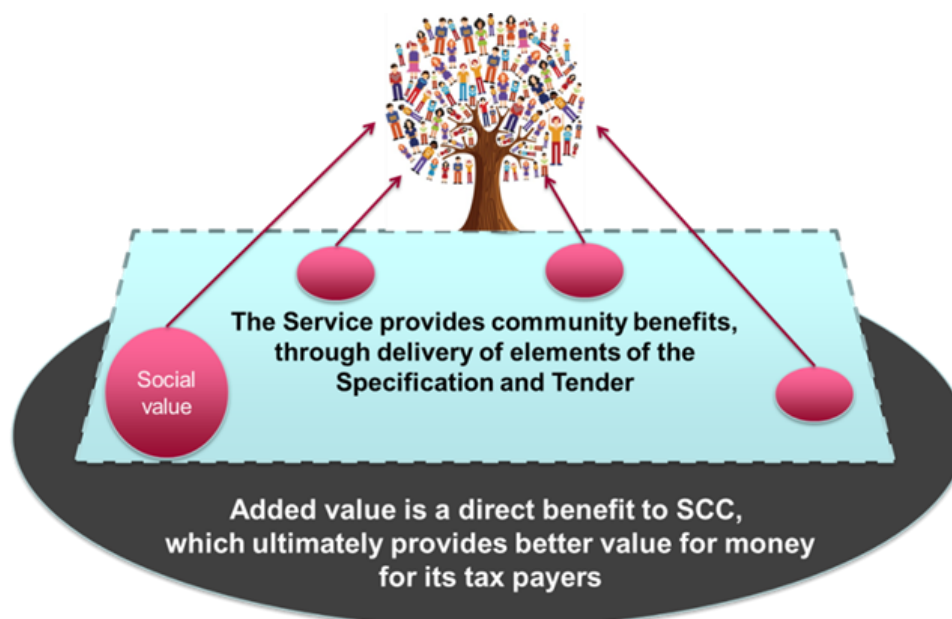
- 8.20.1 Under the Public Services (Social Value) Act 2012, Somerset County Council must consider the following when commissioning and procuring:
- how what is to be procured may improve the social, environmental and economic well-being of a relevant area;
 - how they might secure any such improvement;
 - whether there is a need to undertake consultation on these matters.
- 8.20.2 Social Value is defined as “the additional benefit to the community from a commissioning / procurement process over and above the direct purchasing of goods, services and outcomes”²⁵.
- 8.20.3 Somerset County Council Social Value policy statement can be found at <http://www.somerset.gov.uk/business-and-economy/do-business-with-the-council/do-business-with-the-council/>
- 8.20.4 There are four social value priority areas for Somerset County Council:
1. *Developing employment, skills and training opportunities, particularly for hard to reach/target groups.* Examples: providing mentoring support, apprenticeships, work shadowing, volunteer opportunities for individuals not in employment, education and training, children in care and care leavers, armed forces veterans and long term unemployed.
 2. *Improving health and wellbeing, maintaining independence and reducing inequalities of local residents and employees.* Examples: setting up employee health and wellbeing schemes, supporting initiatives which encourage individuals and communities to take responsibility for their own health and wellbeing.
 3. *Helping build community capacity and playing an active role in the local community, especially in those areas and communities with the greatest need.* Examples: allowing community groups to use premises / facilities, allowing employees to volunteer or be trustees, providing specialist pro bono business support to organisations.
 4. *Creating opportunities for micro-providers, the voluntary sector, small and medium enterprises to be part of supply chains which support SCC priorities and service delivery.* Examples investing in local suppliers, organisations.

8.21 Added Value

- 8.21.1 Added value is also a requirement of the contract. This is where it is of

²⁵ The Social Value Guide: Implementing the Public Services (Social Value Act), Social Enterprise UK

direct benefit to the Purchaser. The diagram below explains the difference between added and social value:



- 8.21.2 The Purchaser will want the Provider to be open to income generating opportunities at a time of considerable austerity, whilst promoting the highest quality services. The Provider is required to work with The Purchaser to maximise income generating opportunities.

For example one area the Purchaser has been considering is cost recovery from delivering a service to users of Image and Performance Enhancing Drug's (IPEDs)

8.22 Commissioner / Provider Relationship

The relationship between the Purchaser and the Provider is critical to the success of the Service. The Purchaser requires the Provider:

- to be open and transparent in its relationship with the Purchaser so that both parties can have a mature dialogue over all aspects of the performance of the Service;
- to be collaborative with the Purchaser and other stakeholders to achieve best value and outcomes for Service Users;
- to operate with a 'can do' approach and be flexible and adaptable to changing circumstances such as: the substance profile, partner organisation restructures and financial climate;
- to be committed to culture continuous improvement and learning;
- to operate a fiscal discipline.

8.23 Customer Feedback – Compliments, Complaints and Concerns

- 8.23.1 The Provider is required to have in place a clear and easy to use system for customer feedback which includes compliments, complaints and

concerns. This needs to recognise the variety of ages and abilities of the client cohort and be responsive to those differences in the methods used to give feedback. This needs to comply with the Purchaser customer feedback pathway²⁶.

- 8.23.2 The Provider must at all times comply with the relevant regulations for complaints relating to the provision of the Services.
- 8.23.3 If a complaint is received about the standard of the provision of the Services or about the manner in which any of the Services have been supplied or work has been performed or about the materials or procedures used or about any other matter connected with the performance of the Provider's obligations under this Contract, then the Purchaser may take any steps it considers reasonable in relation to that complaint, including investigating the complaint and discussing the complaint with the Provider, CQC or/and any Regulatory Body. Without prejudice to any other rights the Purchaser may have under this contract, the Purchaser may, in its sole discretion, uphold the complaint and take any action specified in Clause 30 (Supplier Default).
- 8.23.4 As defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour, the Provider must promote a culture that encourages candour, openness and honesty at all levels. This should be an integral part of a culture of safety that supports organisational and personal learning. There must also be a commitment to being open and transparent at board level, or its equivalent such as a governing body. For details refer to Clause xxx.

8.24 Withholding and/or discontinuation of service

- 8.24.1 If the Service Provider proposes not to provide or to stop providing a Service to any Service User:
- The Provider must inform the Purchaser in writing without delay and wherever possible in advance of taking such action; this will include evidence of all efforts made to mitigate the reasons that has led to this action including discussions with any other services that are working with the client and or family. This is essential if the client or his/her family is under the care of the Local Authority.
 - Where reasonably possible, the Service Provider must explain to the Service User, taking into account any communication or language needs the action that it is taking, when that action takes effect, and the reasons for it (confirming that explanation in writing within 2 Business Days);
 - The Provider must tell the Service User of the right to challenge the Service Provider's decision through the Service Provider's complaints

²⁶ See Appendix 18

procedure and how to do so.

- Provided that nothing in this clause entitles the Service Provider not to provide or to stop providing services where to do so would be contrary to the Law.

8.24.2 Except where required by the Law, the Provider will not be required by the Purchaser to provide or to continue to provide Services to any Service User:

- who in the reasonable professional opinion of the Service Provider is unsuitable to receive the relevant Service, for as long as such unsuitability remains;
- who displays abusive, violent or threatening behaviour unacceptable to the Service Provider (acting reasonably and taking into account the mental health of that Service User);
- in that Service User's domiciliary care setting or circumstances (as applicable) where that environment poses a level of risk to the Staff engaged in the delivery of the relevant Service that the Service Provider reasonably considers to be unacceptable; or where expressly instructed not to do so by an emergency the Provider who has authority to give such instruction, for so long as that instruction applies.

8.25 Financial Envelope and Budget Management

8.25.1 The Provider will be expected to:

- Operate within the agreed budget
- Manage variation in budget and be transparent over pressures, efficiencies and savings
- Work closely with the Purchaser to obtain best value
- Work closely with the Purchaser to manage risks

8.25.2 The Provider is required to submit a quarterly financial report in the format specified by the Purchaser.

This will be reviewed every quarter as part of the standing items at the contract review between the Purchaser and the Provider.

An annual budget review will also be undertaken between the Purchaser and Provider including the review of previous budget pressures and any projected forward budget pressures.

9. Specific Service specification with regard to Children and Young People

9.1 Population

9.1.1 A young person is classified as someone that is aged up to the day before their 18th birthday with no lower age limit. The Purchaser includes in its definition of young people those aged up to their 26th birthday if a Care Leaver or if they have Special Educational Needs and Disability (SEND) and have an Education, Health and Care Plan (EHCP).

Services for young people over the age of 18 should be provided with full regard to their individual development and needs and include provision for those transitioning from young people's services to adult services. See Section 9.4 Priority Groups for more detail.

9.1.2 This service is for individuals who are:

1. ordinarily resident within Somerset or are registered with a GP in county boundary of Somerset
2. are under the care of a Somerset County Council resident in Somerset
3. are placed from Somerset in residential or secure estate services; The Provider must work jointly with other services to support entry to and exit back to Somerset as part of co-ordinated overall care/support plan

9.2 In Scope

9.2.1 The Service is for any child/young person who requires advice, support and/or treatment in relation to their own or someone else's drug or alcohol use.

9.2.2 The Service will provide specific support for both using and non-using children and young people of any age up to 18 years old who are living in a household where they are in the role of being a young carer and/or child whose parents/carers are problematic drug/alcohol users regardless of whether they are in treatment or not. See <http://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/>

9.2.3 The Service will provide as defined by HAS 2001²⁷ Tier 3 treatment interventions for children and young people and Tier 2 targeted brief and extended brief interventions for children and young people

9.2.4 The service will cover all substances under the legislative framework of the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016 and any further legislation amendments enacted during the course of this contract. Specifically the substances will include:

- Primary alcohol users;

²⁷ Health Advisory Service (2001) Substance of Young Needs

- Opiate and/or crack users;
- Non-opiate, Stimulant and Novel Psychoactive Substance users;
- Cannabis users;
- Solvents (including glues, gases, aerosols etc.);
- Image and Performance Enhancing Drug's (IPEDs);
- Problematic users of illicitly obtained prescription and over the counter medicines.

9.3 Out of scope

9.3.1 See also 8.5.1, 8.5.2 and 8.5.3 for all age out of scope service areas.

9.3.2 Problematic use of legally obtained over the counter and prescribed medications where the responsibility lies with GPs and other medical professionals prescribing the use of such substances.

In these circumstances the Provider is required to provide consultation advice and guidance to GPs and others on the management (including detoxification regime) of these substances as part of a joint working protocol.

The protocol will need to cover access to psycho-social interventions for these people as appropriate or need indicates it will aid recovery.

9.3.3 Drug and alcohol arrest referral as this service along with other diversion schemes are commissioned by Avon and Somerset Police and Crime Commissioner.

9.3.4 Drug and alcohol Tier 1 screening, information and advice and signposting. This is the responsibility of the wider children and young people's workforce to deliver to their client cohort.

9.3.5 Providing drug and alcohol education to children and young people in, but not limited to, schools or other educational or care settings.

9.4 Priority groups

9.4.1 The service will target specific groups of vulnerable young people at risk of misusing substances. The groups of young people to be worked with will be identified through needs analysis and agreed with the commissioner but will specifically include:

- Children Looked After
- Care Leavers
- Young people experiencing parental substance misuse both as non using and using children/young people regardless of whether those parents are in treatment or not
- Children/young people identified under the Troubled Families Programme
- Young people in unsettled accommodation.

- Young people in contact with child and adolescent mental health services
- Young people not in education, employment or training
- Young offenders
- Young people with multiple issues which may not individually meet a threshold for intervention but as a constellation of issues require intervention.

9.5 Interdependencies with other local services

9.5.1 The Provider must work as part of the wider children and young people's system.

9.5.2 In addition to those listed in Section 4, fig 1, the Purchaser also expects strong working relationships with but not limited to the following:

- Somerset County Council children's and family services across Somerset especially with SCC Children Social Care and Leaving Care Teams.
- SCC early help service's which will include the Family Support Service (getset service, Health Visiting and School Nursing)
- Somerset Wide Integrated Sexual Health Service (SWISH) – especially Vulnerable Young People's Outreach Nurse and Targeted Prevention Service
- Somerset Integrated Domestic Abuse Service
- Schools and Pupil Referral Units
- Pathway to Independence service
- Youth Justice system

9.5.3 Additionally Somerset's early help approach to Effective Support For Children and Families²⁸ is in the guidance for all professionals in working together with children and families to provide early help and targeted and specialist support.

The vision is that "early help is everyone's responsibility; we want children, families, communities and agencies to work together so that families are assisted to help themselves and are supported as soon as a need arises, thereby improving the overall wellbeing and quality of life of all Somerset children, young people and their families".

The aim is to assist professionals in assessing and identifying a child or young person's level of need; what type of service/resources may meet those needs, and the process to follow in moving from an identification of need to the provision of services with the aim that children receive the right service, in the right place, at the right time.

²⁸ Effective Support for Children and Families in Somerset - updated July 2017
<http://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/>

This service is required to work in line with this approach.

9.6 Location and premises

9.6.1 Refer to Section 8.19 for all details.

In line with best practice the delivery of services to children and young people especially those under 18 must not be from within premises that are used for adult service users.

9.6.2 The Providers workforce is required to deliver interventions to young people from young people friendly locations including children and young people services bases. The Purchaser would encourage and support shared use of premises with children and young people's services.

9.7 Advice and Guidance

The Service will provide information, advice and guidance to parents, carers and guardians who have concerns about a young person's use of substances, whether that young person is engaged with the service or not. This may include assessment for specific family support interventions, which may be delivered by the service or by a referral to an appropriate family support service. See also 8.17 in relation to the Services relationship with agencies.

9.8 Hidden Harm

9.8.1 Young people who are affected by parental substance misuse (or substance misuse by another significant family member) will receive help and support that will minimise the potential detrimental impact of that parental misuse. Young people whose parents misuse drugs or alcohol are at increased risk of using substances themselves in adolescence and adulthood.

9.8.2 The service is required as a whole system to be working in line with the agreed protocol to respond to Hidden Harm. See Appendix 8

9.8.3 The service will provide specific support and interventions for both:

- non - using children of parental substance users regardless of whether those parents are in treatment or not.
- using children of parental substance users regardless of whether those parents are in treatment or not.

In both circumstances the service is required to work collaboratively with other children and family services to achieve best outcomes for the child/young person.

9.9 Access and Engagement

9.9.1 The Purchaser working through Somerset Drug and Alcohol Partnership has developed a number of tools to assist the non drug and alcohol

specific workforce in the county to identify and respond to drug and alcohol use. This includes:

- Somerset Drug and Alcohol Screening Tool for young people
- Somerset Drug and Alcohol Assessment Tool for young people which includes the use of the Revised Complexity Index (Harris 2011)²⁹ in order to identify the young person's sub-trajectory. This will ensure that all young people receive the most appropriate type and intensity of response to their needs.
- Alcohol Brief Interventions Step by Step Guide using Alcohol Use Disorders Identification Test (AUDIT). This fits with the approach established through the Somerset Drug and Alcohol Partnership which encourages all non-drug/alcohol specialist workers to deliver identification and brief advice as part of the Making Every Contact Count (MECC) initiative. This provides a pathway for people to get the right service at the earliest opportunity. See Appendix 19.

Referrals from practitioners using these tools to identify level of drug/alcohol use and need of young people/parents/adults for interventions from the Service will be accepted alongside other referral pathways agreed between the Provider and the Purchaser.

9.9.2 As set out in Section 8.16 access and referral will be via a Single Point of Contact (SPoC).

Access to the service can be made via self-referral or referral by parents/carers or practitioners, with the young person's consent.

It is essential that consent to a referral has considered and evidenced that consideration with regard to safeguarding and risk.

The Service is expected to take an assertive and proactive approach to engagement especially for those under 18 years.

9.10 Assessment

9.10.1 See section on Information / Case Management System in 8.11 especially 8.11.3

9.10.2 The service will:

- Make provision of an assertive approach i.e. both as an opportunistic intervention targeting "hotspots" where the client group might gather and a service that responds to referrals and offers assessment at a time and place convenient to the young person.
- Address the substance misuse of young person accessing the service within the wider context of their lifestyle and personal circumstances, addressing risk and promoting resilience
- Engage with the young person's parents/carers where safe and

²⁹ Harris, P. (2013) *Youthoria*. Russell House Publishing

practical to do so.

- Participate in community and partner engagement events to promote the service

9.10.3 The Provider will have clear protocol for children and young people stepping up into treatment and stepping down out of treatment as part of the wider early help approach operating across Somerset.

9.11 Targeted Brief and Extended Brief Interventions

9.11.1 The Service will be competent to deliver brief and extended interventions related to drug and alcohol use, based on the Motivational Interviewing FRAMES³⁰ structure.

9.11.2 The service will have a clear pathway to subsequently step up should it fail to assist in addressing the presenting issue; and step down to other children and young people's services as appropriate.

9.12 Treatment Interventions for Children and Young People

Each young person referred to the service will be assessed by a worker trained in working with young people and substance misuse, to identify their needs. Those identified as likely to benefit from specialist interventions will receive a comprehensive specialist assessment that will incorporate the wider context of the young person's lifestyle and circumstances. Specialist Interventions will include, but are not limited to:

9.13 Psychosocial interventions/Individual therapies

Interventions using evidence based psychological, psychotherapeutic, counselling and counselling based techniques to encourage behavioural and emotional change, the support of lifestyle adjustments and the enhancement of coping skills. These are person centred and may include cognitive behavioural therapy, motivational interviewing, relapse prevention and interventions designed to stop substance misuse as well as interventions which address the negative impact of substance misuse on offending and attendance at education, employment or training

³⁰ The FRAMES structure means:

- Give the person personalised and relevant **feedback** about the risks of their drug/alcohol use. You might give them a leaflet or explain how their drinking compares to national levels.
- Make it clear that **responsibility** for change lies with them
- Give them some clear **advice** to cut down /abstain etc.
- Offer a **menu** of options and choices about how they can change e.g. alternative activities, point out harm minimisation advice on drinking or drug use and talk about changing the way they use.
- Be **empathic**.
- Use a non-confrontational style which encourages & reinforces the client's strengths and promotes self-efficacy / **self-belief**

9.14 Injecting

- 9.14.1** Young people's substance misuse assessment may identify that a young person is injecting and will need to initiate appropriate harm reduction interventions. These will include access to needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses and participation in other specialist substance misuse treatment services within a care planned approach, including advice on harm minimisation, safer sex and primary health care.
- 9.14.2** This, as with adults, has to be within an operating procedure /governance framework to consider the needs of each child or young person, taking account of potential benefits to the child of the intervention and any risks.
- 9.14.3** The service will be required to take proper account of the child or young person's ability to understand the issues involved and to provide suitable consent.

9.15 Overdose Prevention

- 9.15.1** Advice and information for young people, parents /carers and professional's working with young people, to prevent overdose, especially overdose associated with poly-substance use. This will include skills and understanding about how to reduce the risk of overdose, recognition, management and first aid as appropriate.
- 9.15.2** As appropriate to the circumstances and as necessary the Service will supply young people or children with take home naloxone. There are two cohorts of under-18s who are likely to be affected:
- Opioid using under children or young people.
 - Children or young people carers of opioid users.
- This, as with adults, has to be within an operating procedure /governance framework to consider the needs of each child or young person, taking account of potential benefits to the child of the intervention and any risks
- 9.15.3** The service will be required to take proper account of the child or young person's ability to understand the issues involved and to provide suitable consent. In the case of a child who exercises a carer role for a drug-using parent, consideration of the interests of the child will be essential.

9.16 Pharmacological interventions

Community prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as the prescribing of medications to prevent relapse (in exceptional circumstances).

Pharmacological interventions for young people should aim to reduce immediate harms from substance misuse, stabilise and enable them to engage with treatment services such that their substance use stops or

reduces to a safe level.

9.17 Family interventions

Interventions using psychosocial methods to support parents, Carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person in their family. This includes work with siblings, grandparents, foster carers, etc., and can be provided even if the young person misusing substances is not currently accessing specialist substance treatment.

9.18 Access to additional specialist treatment, e.g. residential care

Specialist substance misuse assessment may indicate that residential substance misuse treatment is needed in order to decrease a young person's level of risk from substance misuse and/or gain access to highly intensive substance misuse interventions.

Where this need has been identified the service should work with the young person, their parents or carers where appropriate and other relevant services for children and young people to identify an appropriate plan of care.

9.19 Treating co-morbidity in partnership with local services for young people's emotional well-being, offending behaviour and mental health

Specialist interventions will be delivered according to an individual care plan or recovery plan agreed with the young person/adult following their specialist assessment. The care/recovery plan will be regularly reviewed, according to need and in line with clinical best practice including safeguarding and risk assessment.

10. Specific Service Specification with regards to Adults

10.1 Population

10.1.1 This service is for all ages that are ordinarily resident within Somerset or are registered with a GP in county boundary of Somerset.

An adult is classified as someone from their 18th birthday onwards with no upper age limit. The Purchaser is aware that there is an ageing population in Somerset and this is reflected in the growing older population of opiate users and alcohol only users in treatment. We require the service to be aware of the interrelationship of ageing, drug and alcohol use and physical and/or mental health conditions

10.1.2 This service is for all ages that are:

1. ordinarily resident within Somerset or are registered with a GP in county boundary of Somerset
2. are under the care of a Somerset County Council resident in Somerset

10.2 In Scope

10.2.1 The services are for any individual who requires advice, support and/or treatment in relation to their own or someone else's drug or alcohol use.

The service will cover all substances under the legislative framework of the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016 and any further legislation amendments enacted during the course of this contract. Specifically the substances will include:

- Primary alcohol users;
- Opiate and/or crack users;
- Non-opiate, Stimulant and Novel Psychoactive Substance users;
- Cannabis users;
- Solvents (including glues, gases, aerosols etc.);
- Image and Performance Enhancing Drug's (IPEDs);
- Problematic users of illicitly obtained prescription and over the counter medicines.

10.2.2 The use of Pharmacies for the delivery of drug and alcohol interventions including: supervised administration of medications for opiate substitution and needle exchange.

10.2.3 The purchasing of needle exchange equipment and associated paraphernalia, including Naloxone

10.2.4 The distribution, collection and safe disposal of needle exchange equipment and associated paraphernalia at all settings used by the Provider for this intervention

- 10.2.5 The collection and disposal of all waste in relation to needle exchange service and other medical services delivered by the Provider and any sub-contractors including pharmacies delivering needle exchange.
- 10.2.6 The purchasing of all testing and vaccine supplies in relation to BBV testing and immunisation.
- 10.2.7 The purchasing of all Naloxone supplies.
- 10.2.6 Drug and alcohol shared care arrangement with GPs including substitute prescribing

10.3 Out of scope

- 10.3.1 See also 8.5.1, 8.5.2 and 8.5.3 for all age out of scope service areas.
- 10.3.2 Problematic use of over legally obtained over the counter and prescribed medications where the responsibility lies with GPs and other medical professionals prescribing the use of such substances.
 In these circumstances the Provider is required to provide consultation advice and guidance to GPs and others on the management (including detoxification regime) of these substances as part of a joint working protocol.
 The protocol will need to cover access to psycho-social interventions for these people as appropriate or need indicates it will aid recovery.
- 10.3.3 Drug and alcohol arrest referral as this service along with other diversion schemes are commissioned by Avon and Somerset Police and Crime Commissioner.
- 10.3.4 Drug and alcohol Tier 1 screening, information and advice and signposting. This is the responsibility of the wider adult's workforce.
- 10.3.5 Providing drug and alcohol education to groups of adults.

10.4 Priority groups

The service is for all adults but the Purchaser in consultation with other commissioners on the Somerset Drug and Alcohol Partnership has identified the following client groups as priorities for this service.

These are subject to existing pathways and protocols which the Provider is required to take on and be part of their future development – See Section 5 Pathways and Protocols

- Drug and/or alcohol using parents with dependent children (non-using and using)
- Drug and/or alcohol using parents where there is a safeguarding concern and/or domestic abuse and/or social care involvement (childrens or adults)
- Pregnant women

- Criminal Justice Clients including arrest and court referral/diversion, probation (National Probation Service and Community Rehabilitation Service), court sentencing and prison release.
- People of any age with multiple vulnerabilities including but not limited to: mental health, housing (unsettled accommodation, no fixed abode, rough sleeping), military status and protected characteristics under the Equality Act
- Treatment naive clients
- Carers/families independent of dependent users – all ages

10.5 Location and premises

See Section 8.19 for details.

Shared use of premises is encouraged where appropriate especially, but not limited to, clients with co-existing mental health and drug and alcohol profile and those in the criminal justice system.

However, in line with best practice the delivery of services to children and young people especially those under 18 must not be from within premises that are used for adult service users.

10.6 Interdependencies with other local services

10.6.1 See Fig 1-‘Daisy’ diagram on the agencies the Purchaser requires the Provider to have key relationships with.

The specialist service is one element of a whole system approach in Somerset.

The Purchaser through the SDAP board is proactively working with other partners in the wider system to ensure that those services understand their role in relation to drug/alcohol issues and their particular offer to the specialist service.

The following is not exhaustive however identifies key partner agencies whom the service are likely to be working with especially in relation to those priority client groups:

10.6.2 Public Health

- NHS Health Checks
- SCC early help service’s which will include the Family Support Service (getset service, Health Visiting and School Nursing)
- SCC Smokefreelife Somerset (stop smoking service)
- Somerset Integrated Domestic Abuse service (SIDAS)
- Somerset Phoenix Project – working alongside professionals and supporting children, young people and families affected by sexual abuse.
- Somerset Wide Integrated Sexual Health Service (SWISH) – especially Vulnerable Young People’s Outreach Nurse and Targeted

Prevention Service

10.6.3 NHS

- Acute secondary care NHS hospitals – Yeovil District NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust (Musgrove Park Hospital) - especially Emergency Departments, midwifery and psychiatric liaison teams
- GP's with and without experience of delivering shared care with a drug/alcohol service
- Pharmacies - with and without experience of delivering needle exchange and supervised consumption
- Primary and secondary care mental health services especially Somerset Partnership NHS Foundation Trust

10.6.4 Criminal Justice

- Avon and Somerset Constabulary including One Teams
- Bristol, Gloucestershire, Somerset and Wiltshire (BGSW) community rehabilitation company
- National Probation Service (covering Somerset)
- Prisons

10.6.5 Childrens and Family and Adult Services

- SCC Children's Social Care
- SCC Adult Social Care
- SCC early help service's which will include the Family Support Service (getset service, Health Visiting and School Nursing)
- SCC Young Carers Project

10.6.6 Adult Life Skills

- Department of Work and Pensions (DWP) including Jobcentre Plus and providers contracted to deliver the Work and Health Programme
- District Local Authorities housing options teams
- Further Education Colleges
- Housing and Supported Housing providers working under the Positive Lives framework

10.6.7 Additionally Somerset's approach to effective support for children and families³¹ is in the guidance for all professionals in working together with children and families to provide early help and targeted and specialist support.

The vision is that *“early help is everyone's responsibility; we want children, families, communities and agencies to work together so that families are assisted to help themselves and are supported as soon as a*

³¹ Effective Support for Children and Families in Somerset - updated July 2017
<http://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/>

need arises, thereby improving the overall wellbeing and quality of life of all Somerset children, young people and their families”.

The aim is to assist professionals in assessing and identifying a child or young person’s level of need; what type of service/resources may meet those needs, and the process to follow in moving from an identification of need to the provision of services with the aim that children receive the right service, in the right place, at the right time.

This service is required to work in line with this approach.

- 10.6.8** The Purchaser working through Somerset Drug and Alcohol Partnership has developed a number of tools to assist the non drug and alcohol specific workforce in the county to identify and respond to drug and alcohol use. This includes: Alcohol Brief Interventions Step by Step Guide using Alcohol Use Disorders Identification Test (AUDIT). This fits with the approach established through the Somerset Drug and Alcohol Partnership which encourages all non-drug/alcohol specialist workers to deliver identification and brief advice as part of the Making Every Contact Count (MECC) initiative. This provides a pathway for people to get the right service at the earliest opportunity in line with identified need. See Appendix 19.

Referrals from practitioners using evidence based tools such as AUDIT to identify use and need for interventions from the Service by drug/alcohol dependent adults will be accepted alongside other referral pathways agreed between the Provider and the Purchaser.

10.7 Open Access and Engagement Services

10.7.1 Objectives

- 10.7.1.1** Enable individuals to access support swiftly without commitment or requirement to wait for an appointment.
- 10.7.1.2** Enable individuals to access support where they are not ready or willing to make changes using more structured treatment approaches.
- 10.7.1.3** Enable individuals to access brief interventions where this is appropriate to meet their needs.
- 10.7.1.4** Enable space and time for individuals to develop motivation and commitment to making changes and to fully engage with the service before accessing more structured treatment.
- 10.7.1.5** To enable access to brief and comprehensive assessment where appropriate to form the basis of a more formal structured treatment plan.
- 10.7.1.6** Provide open access support via a Single Point of Contact (SPoC) to professionals, Service Users, Carers and concerned others outside of standard working hours.

- 10.7.1.7 To provide harm reduction information, advice and support in response to Service User need (see further Section 10.9).
- 10.7.1.8 To enable development of specific approaches and pathways for different Service User groups to improve engagement of vulnerable and underserved groups (see further Sections 4, 5 and 8.2)

10.7.2 Services to be delivered

- 10.7.2.1 Provide comprehensive information to Service Users and their families/Carers about relevant support available delivered by the service and other organisations.
- 10.7.2.2 Provide planned (open access) specific activities/sessions to groups that assist Service Users to address immediate needs, particularly where these may be preventing engagement in treatment services
- 10.7.2.3 Provide signposting and referral to other services to meet presenting need
- 10.7.2.4 Provide open access harm reduction interventions as described in Section 10.9.
- 10.7.2.5 Provide a range of opportunities, interventions and support to introduce concepts of recovery, enhance motivation and encourage Service Users to become further engaged with treatment and other services that will meet their needs.
- 10.7.2.6 Provide encouragement and practical support (including training and office space) to Service Users and families/Carers to lead and develop Service User, mutual aid and peer led involvement activities
- 10.7.2.7 Provide initial and comprehensive assessments in cooperation with Service Users as appropriate (see further Section 10.10).
- 10.7.2.8 Provide information, advice, initial and comprehensive assessments in cooperation with Carers as appropriate (see further 10.10).

10.7.3 Service Parameters

- 10.7.3.1 Service Users may access *planned* open access sessions or individual open access/ad-hoc (*responsive*) support without being on the caseload or assessed by the service.
- 10.7.3.2 Services to be delivered from a variety of venues to improve access for Service Users, particularly those at high risk of harm, with complex needs and those who are currently underserved. Open access hours (both ad hoc and planned specific sessions) will be available daily within all main sites.
- 10.7.3.3 Provide clear information about how/what/when/where services are

available to Service Users/potential Service Users/families in a range of accessible formats. The same information will also be made widely available in communities and to the general public.

- 10.7.3.4** Clear information will be available for Service Users/potential Service Users when in crisis or needing advice out of hours.
- 10.7.3.5** Services will have a comprehensive communication strategy in relation to key messages to be communicated to potential Service Users, Carers and importantly other professionals, who work directly with the same Service User group.
- 10.7.3.6** Specific services and pathways for different service user groups will be delivered and marketed as such.
- 10.7.3.7** Distinct Service offers will include as a minimum an offer for:
- Primary alcohol users;
 - Opiate and/or crack users;
 - Non-opiate, Stimulant and Novel Psychoactive Substance users;
 - Cannabis users;
 - Problematic users of illicitly obtained prescription and over the counter medicines;
 - Service Users with co-existing mental health and substance use issues
 - Young people - includes those up to their 26th birthday if a Care Leaver and/or if they have Special Educational Needs and Disability (SEND) and have an Education, Health and Care Plan (EHCP) - see Section 9).
- 10.7.3.8** There will be flexibility between services for young people and adults to ensure that Service Users can access the most suitable service to meet their needs. Services will be based on the assessment of individual need, maturity and cognitive ability rather than based purely on chronological age or an arbitrary cut-off point related to age.
- However, in line with best practice the delivery of services to children and young people especially those under 18 must not be from within premises that are used for adult service users.
- 10.7.3.9** The Provider will monitor access by potentially underserved/hard to reach groups and target initiatives to improve access.
- 10.7.3.10** The Provider will ensure that the services provided will enable more people to access treatment nearer their home.
- 10.7.3.11** The facilities and venues used by the Provider will be inviting and welcoming and the aim is that they should feel 'owned' by the people who use them.

10.8 Access and Engagement for Criminal Justice Service Users

10.8.1 Objectives

10.8.1.1 Substance misusers in the Criminal Justice system are often the most chaotic, having been entrenched in their behaviours for many years. As a result, many Service Users require a greater level of support to enable them to engage with services. Historically this cohort has been less likely to achieve full recovery and leave services totally drug and crime free.

In Somerset we expect the Provider to address this. The skills of those who work with this group of Service Users are highly specialised and require an advanced level of understanding of associated behaviours but equally require the specialism needed to build trust, motivate change, support and encourage along the often daunting journey to full recovery. Whilst it is acknowledged that clinical interventions will play an essential part in many Service User journeys, the promotion of recovery and ultimately abstinence is paramount (See also Section 10.12, Structured Treatment Interventions).

In Somerset we expect the Provider to ensure the access and engagement process is robust enough to support Service Users by preparing, stabilising and motivating them in order for interventions to be effective. The service should be clearly focused on addressing the substance misuse as well as the associated offending behaviour and needs to be delivered in partnership with the criminal justice agencies – police, probation, courts and prison.

The Provider is also required to work with the PCC commissioned provision for arrest referral and court diversion

10.8.2 Services to be delivered

10.8.2.1 Provide co-ordinated services to ensure continuity of care for Service Users released from prison and returning to Somerset, including robust and timely links between resettlement prisons and community drug and alcohol treatment services in prisons.

10.8.2.2 Harm Reduction advice to be provided to all individuals and documented (see further Section 9.14, 9.15 and 10.9).

10.8.2.3 The Provider will make the necessary arrangements for joint work with probation services to enable the courts to make drug and/or alcohol treatment requirements as part of sentencing.

10.8.2.4 Provide signposting and referral to other services to meet presenting need.

10.8.3 Service Parameters

- 10.8.3.1** A focus on retaining engagement for all Criminal Justice Service Users is required.
- 10.8.3.2** All Criminal Justice Service Users should be offered relevant support at assessment stage and flexible follow-up work which aims to engage Service Users within treatment provision
- 10.8.3.3** Ensure that early links are made with all Somerset residents returning to the county following a custodial sentence and set up relevant appointments prior to release.
- 10.8.3.4** Provide Somerset residents in prison with information, support and reassurance ahead of release date with regard to their specific needs – this could for example be through the use of peer mentors or use of technology.
- 10.8.3.5** Provide practical support and assistance to Service Users released from prison and returning to Somerset to enable them to access and engage in services, particularly where clinical intervention i.e. continuity of prescribing is required.
- 10.8.3.6** A particular focus will be given to ensure that Service Users who leave prison abstinent are supported to maintain this in the community by facilitating access to relevant services.
- 10.8.3.7** Services provided to individuals in the community will take account of and build on the work undertaken within prison to ensure continuity; it will therefore be essential that robust information sharing practices are in place in relation to sharing of recovery plans/offender management plans.

10.9 Harm Reduction Services

10.9.1 Objectives

- 10.9.1.1** Drug and alcohol use can and does result in a wide range of negative impacts for individuals, families, affected others and communities. One of the primary aims of these services is to assess and plan to address and reduce the wide range of actual and potential harms.
- Although not exhaustive, the nature of harms from drug and alcohol use that may impact on individuals, families and communities include:
- BBV infections and other injecting-related harm;
 - Overdose and drug and alcohol related deaths;
 - Self-neglect/lack of self-care
 - Self-harm and suicide
 - Emotional trauma

- Vulnerable adults at risk of exploitation
- Domestic Abuse
- Sex-working and sexual health issues
- Physical and mental health issues
- Family breakdown
- Criminal and anti-social behaviour
- Financial difficulties resulting in a wide range of harms
- Pregnancy and harm to the unborn child/mother
- Wide-ranging impact on other family members and dependent others
- Diversion of prescribed medication into the wider community
- Drug and alcohol related litter
- Fear of violence

10.9.2 Services to be delivered

- 10.9.2.1** The Provider will work with individual Service Users, family members/significant others and other services to reduce harm from drug and/or alcohol use, considering and addressing the full range of risks relevant to the Service User, others and the situation.
- 10.9.2.2** Where further specialist management of risk is indicated, develop referral mechanisms and care pathways in partnership with other services for further provision and treatment including but not limited to:
- Primary and Secondary Care Health services, including Accident and Emergency Departments, Hepatology
 - Mental Health services including Psychiatric Liaison Services
 - Sexual Health Services (including those at risk from sexual exploitation)
 - Midwifery Services
 - Domestic Abuse services
 - Family Support Services
 - Children and Young People's services
 - Probation and Youth Offending Services
 - Integrated Offender Management (IOM) teams
 - MAPPa and MARAC panels
 - Leisure services including gymnasiums in relation to Image and Performance Enhancing Drugs' (IPED's)
- 10.9.2.3** Develop, manage, co-ordinate, promote and review all aspects of the Somerset Needle and Syringe Exchange scheme. This includes provision from specialist services, pharmacies and other appropriate venues the Provider uses as delivery settings for this intervention
- 10.9.2.4** Provide HBV immunisation services and accessible support and testing for HIV, HCV and HBV including pre and post-test counselling and advice. Pathways for onward referral to access further support and

treatment of Blood Borne Viruses will be developed in partnership with other relevant agencies.

10.9.2.5 Specific services to be provided to support Carers (adults and young people) in their own right to reduce the harms they experience.

10.9.2.6 Based on a local strategy provide Naloxone and associated training in its use to Service Users and Carers as part of a strategy to prevent overdoses and drug related deaths. This is to be agreed with the Purchaser.

10.9.3 Service Parameters

10.9.3.1 Harm reduction interventions will be proactively delivered within and/or outside of structured treatment/formal care planning processes as need dictates and opportunities provide. Comprehensive assessment will not be a prerequisite for the delivery of harm reduction interventions.

10.9.3.2 Safe and appropriate clinical governance frameworks and protocols will be in place to underpin all aspects of service delivery including prioritisation processes for Service Users at high risk of harm and how risks are appropriately shared / managed with others.

10.9.3.3 High quality and timely responses will be provided in line with the Public Health Somerset Serious Incidents Requiring Investigation (SIRI) process including ensuring that learning is disseminated and actioned with appropriate urgency.

10.9.3.4 Services will work closely with Children's Safeguarding services to contribute to the protection and support of children and their families. This will include attendance/reports at child protection multi-agency case conferences in line with policies, protocols and procedures of the Somerset Safeguarding Children Board.

This will also include contributing and responding to recommendations from Serious Case Reviews. Staff must access relevant Safeguarding training at the appropriate level. See also Section 8.7

10.9.3.5 Services will work closely with Adults Safeguarding services to contribute to the protection and support of vulnerable adults. This will include attendance/reports at multi-agency case conferences in line with policies, protocols and procedures of the Somerset Safeguarding Adults Board.

This will also include contributing and responding to recommendations from Serious Case Reviews. Staff must access relevant Safeguarding training at the appropriate level. See also Section 8.8.

10.9.3.6 Safe and appropriate contracts, training, protocols and monitoring will be used for service delivery needle and syringe exchange scheme

delivered from all bases including those outside of treatment provision and provided under this contract. These will also include a focus on return of injecting equipment/paraphernalia.

- 10.9.3.7** The Provider will manage all activity in relation to the needle and syringe exchange including the procurement, storage, distribution and disposal of all stock/equipment, the costs of which will fall under this contract. The Provider will also manage any and all sub-contracting and payment including to pharmacies to deliver the scheme
- 10.9.3.8** Services for Carers/Families in their own right will be delivered in an appropriate venue which will where appropriate be separate from where treatment provision takes place at the same time.

10.10 Assessment, Recovery Planning & Case Management

10.10.1 Objectives

- 10.10.1.1** To identify individual needs, risks, strengths and recovery capital (Social, Human, Physical and Cultural) in order to guide individuals to appropriate services
- 10.10.1.2** To ensure that all Service Users have a consistent co-ordinated delivery of prioritised care in line with their stated goals and presenting risks.
- 10.10.1.3** To ensure that all professionals (internal and external to the service) involved in delivering aspects of recovery plans are fully aware of their role and the Service Users stated goals.
- 10.10.1.4** To ensure that all relevant³² family members/Carers are involved appropriately in the assessment and recovery planning of Service Users. This must be part of a clear protocol for the appropriate involvement of parents and carers in the care/support plan; and take account of any parental/family misuse of drugs and/or alcohol.
- 10.10.1.5** To ensure that all agencies involved in delivering aspects of the plan can contribute to reviews of progress alongside the Service User.

10.10.2 Services Provided

- 10.10.2.1** Undertake assessments with individual Service Users and facilitate the development of a realistic recovery plan for every Service User to accrue and develop recovery capital (Social, Human, Physical and Cultural)
- 10.10.2.2** Co-ordinate delivery of agreed plans with Service User and other organisations involved.
- 10.10.2.3** Provide opportunities for regular review of progress towards achieving

³² In line with the Services' consent policy

short-term goals.

- 10.10.2.4** Provide regular strategic reviews of progress, involving the Service User, family members and all relevant partners.
- 10.10.2.5** Undertake assessments of Carers needs in their own right and provide appropriate support including in-house provision, signposting and referral to relevant organisations. This should include a peer led approach with carers.
- 10.10.2.6** Provide joint assessment and recovery planning for dual diagnosed Service Users in partnership with Mental Health and related services including a joint response for Service Users who have lower level emotional and mental health needs. See Section 2 Key Principles, item 6 and 8.10.6.
- 10.10.2.7** Undertake comprehensive assessments for Service Users who require access to Tier 4 provision – inpatient detoxification and residential rehabilitation services. These assessments will be carried out in a timely manner and will be thorough to ensure the involvement of other partners working with the same client are a part of the process.

10.10.3 Service Parameters

- 10.10.3.1** Assessment will not be undertaken as an automatic process for all Service Users but will be used flexibly where a clear need for structured treatment is identified.
- 10.10.3.2** The assessment process will fully involve the Service User and the aim is to further engage and motivate rather than overwhelm. Assessment will be flexible, strength-based and will involve worker and Service User in agreeing long and short-term goals.
- 10.10.3.3** Assessment and recovery planning should take into account key characteristics of the Service User and their substance using history that may impact on their likelihood of recovery or act as barriers to recovery. The duration and intensity of interventions should be adjusted to reflect the complexity of the service users' needs, their strengths and recovery capital.
- 10.10.3.4** There will only be one assessment within the service/parts of the service which may be built on by different staff including peer mentors. It is not acceptable for a Service User to be subjected to duplicate assessments by different professionals; and so where a drug/alcohol assessment is undertaken at arrest by the arrest referral service, this is accepted by the Service rather than duplicating assessments.
- 10.10.3.5** Where possible (and with consent) assessments and recovery plans will be shared with other professionals outside of the service who are

working with the Service User and care co-ordinated in line with agreed partnership protocols. This includes the sharing and management of risks.

- 10.10.3.6** All assessments and recovery plans will be individualised and person-centred and recognise the Service User needs, strengths, risks, and characteristics of those accessing treatment.
- 10.10.3.7** Offending, anti-social behaviour and other lifestyle factors that impact upon the wider community will be explored as part of all assessments, including where there are no current convictions.
- 10.10.3.8** Mental health and wellbeing will be explored as part of every assessment. Recovery planning for Service Users with any level of mental health need will be delivered in partnership with appropriate agencies.
- 10.10.3.9** Collaboration with the key service areas related to the priority groups identified in Sections 4, 8.2, 9.4 and 10.4 within the recovery planning and review processes is particularly important.
Staff in other key service areas will frequently have much greater awareness of the lifestyle of the Service User and can offer a unique contribution to holistic recovery planning, including in some cases, out of hours support and opportunities to reinforce agreed goals.
- 10.10.3.10** There will be an annual review of the assessment process with staff/Service Users and other professionals to monitor effectiveness and appropriateness of tools used by treatment services to ensure that they are Service User friendly, simple, effective and appropriate to individuals (particularly for marginalised groups).
- 10.10.3.11** Each Service User will have a consistent case manager throughout their treatment journey as far as is possible.

10.11 Structured Treatment Interventions³³

10.11.1 Objectives

- 10.11.1.1** To provide structured biological, psychological and social interventions including family based approaches to enable Service Users to understand and address issues that contribute to their drug and alcohol use and work towards recovery.
- 10.11.1.2** To provide and sub-contract (as appropriate) Community Detoxification, Inpatient Detoxification and Residential Rehabilitation services where needs dictate in line with assessment.

³³ The Provider is required to deliver this in line with the 2017 Clinical Guidelines and NICE guidance and pathways

In light of the CQC national briefing on substance misuse (Nov. 2017)³⁴ the Purchaser requires specific reporting on use of placements, CQC latest inspection of any facility used, client outcomes and cost of placements. This will form part of the Performance Framework for this contract.

- 10.11.1.3** To ensure that all Service Users can access recovery specific support as part of a structured recovery plan.
- 10.11.1.4** To provide and sub-contract (as appropriate) pharmacological support to enable stabilisation, reduction and community detoxification of drug and/or alcohol use to enable detachment from using/drinking lifestyle and as a basis to enable Service Users to work towards recovery.
- 10.11.1.5** To provide intensive support as part of partnership arrangements for high-demand/high risk Service User groups including:
 - Parents where there is a safeguarding concern and/or domestic abuse and/or social care involvement (children's or adults)
 - Young People up to their 26th birthday if they are Care Leavers or if they have Special Educational Needs and Disability (SEND) and have an Education, Health and Care Plan (EHCP).
 - Pregnant Service Users
 - Dual diagnosis: co-existing mental health and substance use Service Users
 - Service Users with multiple vulnerabilities including mental health and housing (no fixed abode and rough sleepers)
 - Integrated Offender Management (IOM) Service Users
 - Service Users subject to Drug/Alcohol Rehabilitation (Treatment) Requirements (DRR/ATR)

10.11.2 Services to be delivered

- 10.11.2.1** A range of flexible biological, psychological and social interventions varying in intensity and defined pathways for different Service User groups. This to include individual and group work interventions according to need and preference.
- 10.11.2.2** Psychosocial service provision will include specific interventions that are abstinence-based.
- 10.11.2.3** Thorough preparation work with all Service Users who are in the process of assessment and referral to access inpatient detoxification and/or residential rehabilitation including structured and open access recovery support following discharge.
- 10.11.2.4** A range of pharmacological interventions including shared care working

³⁴ <https://www.cqc.org.uk/publications/themed-work/briefing-substance-misuse-services>

with Somerset GPs where appropriate.

- 10.11.2.5** Training of GP's and pharmacy staff in relation to delivery of any sub-contracted services.
- 10.11.2.6** Provide drug and alcohol testing as clinically appropriate / determined.
- 10.11.2.7** Manage supervised consumption services for pharmacological services via any subcontracting with pharmacies.
- 10.11.2.8** Work in partnership with National Probation Service, Community Rehabilitation Company (CRC) and Police staff as well as other support agencies in order to contribute to a comprehensive service for Service Users who are the subject of Integrated Offender Management, Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR) orders/programmes by providing support and interventions relevant to each Service User.

10.11.3 Service Parameters

- 10.11.3.1** Services and pathways for different Service User groups to be distinct from each other and promoted and marketed appropriately. It is important that Service Users other than opiate users also see the service as for them.
- 10.11.3.2** Distinct Service User pathways will include as a minimum:
 - Primary alcohol users;
 - Opiate and/or crack users;
 - Non-opiate, Stimulant and Novel Psychoactive Substance users;
 - Cannabis users;
 - Problematic users of illicitly obtained prescription and over the counter medicines;
 - Service Users with co-existing mental health and substance use issues
 - Young people – includes those up to their 26th birthday if a Care Leaver or if they have Special Educational Needs and Disability (SEND) and have an Education, Health and Care Plan (EHCP) - see Section 9).
- 10.11.3.3** Biological, psychological and social interventions will be tailored to Service Users at different stages of their recovery journey.
- 10.11.3.4** All prescribing will only be undertaken where assessed as safe to do so in line with agreed protocols
- 10.11.3.5** Provision of pharmacological services within this contract will include **all** costs relating to prescribing for Service Users within specialist drug and alcohol treatment provision. This includes costs such as those relating to FP10, dispensing, prescribing of controlled drugs, pick-up and

supervised consumption costs, testing costs and collection/disposal of clinical waste.

- 10.11.3.6 A full range of protocols will underpin all aspects of delivery including clear rationale for supervised consumption and testing services for different Service User groups. Protocols in relation to testing specific groups must be developed and agreed with relevant stakeholders especially if there is a need for testing to be undertaken more frequently for specific groups e.g. but not limited to IOM Service Users; Child Protection; pregnant Service Users.
- 10.11.3.7 A focus on prevention of leakage or diversion of prescribed OST into communities is important in relation to all protocols pertaining to prescribing and supervised consumption
- 10.12.3.8 Interventions to address patterns of criminal and anti-social behaviour will be provided to all Service Users identified as exhibiting these behaviours, not just those who are subject to statutory provision through the Criminal Justice system.

10.12 Recovery Support (Open Access delivered as part of a Recovery Plan)

10.12.1 Objectives

- 10.12.1.1 To contribute to and promote wider recovery support within communities
- 10.12.3.2 To ensure that all Service Users are linked into wider recovery support within the community especially housing support and employment.
- 10.12.3.3 To ensure that all Service Users can access recovery specific support as part of a planned recovery plan
- 10.12.3.4 To ensure that all Service Users can access recovery specific support *as and when required* (ad-hoc/responsive)
- 10.12.3.5 To develop and grow a dynamic peer led approach both *within* the service, which includes peer mentors (Service Users and Carers) and independent of the service.³⁵

10.12.2 Services to be delivered

- 10.12.2.1 Work with The Purchaser and other statutory and voluntary organisations to develop and promote recovery and recovery support within communities, including a wide range of mutual aid opportunities
- 10.12.2.2 Support Peer Mentors to develop and deliver user-led, recovery-focused enterprises in local communities.
- 10.12.2.3 Provide comprehensive information to Service Users, their families and

³⁵ At the peer mentor consultation peer mentors aspired to develop recovery networks in their communities independent of but linked to drug and alcohol treatment services./

other professionals about recovery support available delivered by the service and within communities, including mutual aid.

- 10.12.2.4 Provide planned (open access) specific activities to groups that promote and assist recovery and reintegration
- 10.12.2.5 Provide planned sessions for Service Users to facilitate achievement of recovery and reintegration objectives within recovery plans.
- 10.12.2.6 Provide ad-hoc/responsive and open access practical and emotional support to:
 - Service Users who continue to require it, either alongside or after successful completion of objectives in their recovery plan
 - Service Users who have left treatment services (including Tier 4 and from other areas) but are in need of further regular or occasional support
- 10.12.2.7 Provide peer group and individual support to further facilitate recovery.

10.12.3 Service Parameters

- 10.12.3.1 Open access *recovery and reintegration* services will be distinct from open access provision *with the purpose of engagement*, which will ordinarily take place at the beginning of the treatment journey
- 10.12.3.2 Service Users may access *Planned* Open access sessions or individual open access/ad-hoc/responsive support without being registered or assessed by the service.
- 10.12.3.3 *Planned* Open access services will be provided for a specific purpose (e.g. To focus on exploring ideas for voluntary work) and at a specific day/time and will be advertised and promoted as such.
- 10.12.3.4 Open access planned activities/sessions for groups and individuals focusing on recovery and reintegration will ordinarily take place in sites conducive to recovery and where possible in partnership with other organisations.
- 10.12.3.5 Evidence that the nature of the planned services (including session times and days) has been strongly informed and regularly reviewed by the Service User and Carer groups will be available.
- 10.12.3.6 Exit from the service will be a gradual process as perceived by the Service User. Open access recovery and reintegration activities will be available on an ongoing basis to Service Users who need them

Appendices

- Appendix 1 Performance Management Framework v4
- Appendix 2 Adult Drug and Alcohol Treatment Needs Assessment 2016
- Appendix 3 Young People Substance Misuse Needs Assessment 2017
- Appendix 4 SDAS confidentiality statement v3 8/12/2016
- Appendix 5 SDAS consent to share v3 8/12/2016
- Appendix 6 Positive Lives Strategy v4 October 2017
- Appendix 7 Somerset Dual Diagnosis joint working protocol March 2017
- Appendix 8 Somerset Hidden Harm joint working protocol 15/01/2016
- Appendix 9 T&S midwifery protocol for managing drug/alcohol use in pregnancy
01/08/2017
- Appendix 10 YDH midwifery protocol for managing drug/alcohol use in
pregnancy 01/08/2017
- Appendix 11 Somerset YP hospital substance misuse pathway March 2017
- Appendix 12 YP tier 2 and tier 3 pathway June 2015
- Appendix 13 SCC PH notification of serious incidents July 2016
- Appendix 14 Drug and Alcohol Treatment for Adults & YP evidence review 2016
- Appendix 15 C&YP Drug/Alcohol prevention & early intervention evidence review
2017
- Appendix 16 Somerset Treatment Profile 2014-17
- Appendix 17 Contract management review template
- Appendix 18 SCC PH compliments/complaints pathway
- Appendix 19 Alcohol pathway October 2014